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Gloucestershire County Council

ANNUAL REPORT

of the COUNTY MEDICAL
OFFICER OF HEALTH for
the Year 1950

GEO. F. BRAMLEY
County Medical Officer of Health

67144





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Health Department,
Berkeley House,
Berkeley Street,
Gloucester.

29th August, 1951.

*To the Chairman and Members of
the Health Committee.*

SIR, LADIES AND GENTLEMEN,

In reviewing the general health of the inhabitants of the County for 1950 the fall in the number of deaths from Tuberculosis stands out as a most favourable feature. There were 25% less deaths due to this cause than in 1949. This fall has occurred throughout England and Wales but Gloucestershire had a death rate (due to this cause) of only 0.29 per 1,000 civil population compared with 0.36 for England and Wales. As a result Tuberculosis has fallen from 5th to 7th in the chief causes of death. Dr. Knights, the Chest Physician, comments on this fall later in the report but warns us not to expect an immediate decrease in the number of new cases being brought to notice. There does, however, appear to be occurring a real decrease in non-pulmonary tuberculosis which in the main is due to infected milk. The increased production of designated milk is no doubt taking its part. The decreases are shewn in the following table :—

Year	Pulmonary	Other Forms	Total
1946	390	122	512
1947	475	108	583
1948	443	104	547
1949	482	83	565
1950	450	61	511

The Anti-Tuberculosis scheme which now embraces the assistance of voluntary after-care Committees throughout the County is most active and it is pleasing to see some good results. The provision of more hospital beds for the tuberculous, called for by the Minister of Health, will assist.

Immunisation against diphtheria, although less was done in 1950 because of the prevalence of poliomyelitis, has continued to show success as there were only four cases notified as against 15 in 1949. There was only one death due to diphtheria.

A disturbing feature of 1950 was the prevalence of poliomyelitis in the late summer and autumn. The notification rate was 0.19 per 1,000 of population compared with 0.13 for England and Wales. The proportion of non paralytic cases was higher in the County which points to either a better ascertainment or different type of infection. The death rate was 0.02, the same as for England and Wales. The majority of the cases were in the South of the County where we shared the same prevalence as in the City of Bristol. No additional evidence of the method of spread or feature in the epidemiology of the disease which will help us in its prevention, was brought to light but an increased prevalence of

this disease can be expected over the next few years. This is a serious matter in view of our comparative ignorance of measures of prevention.

The Local Health Authority's Services which were either reorganised or new in 1948 have continued to develop, with relatively few changes, on the general lines then approved. These developments have been rapid, particularly in the Home Help Service. The Ambulance Service is still extensively used but the abuses have been stopped with the close co-operation of the Control Staff, General Practitioners and Hospital Officers. The Child Welfare Service has continued to grow and Centres are now established in practically all areas where there is a large enough child population to warrant this provision. The need for co-operation of the County Council as the Health Authority, General Practitioners, Specialists and the Hospital Service in their joint responsibility for maternity services has been fully realised and considered during the year and future reports will show the results of the consultations and provisions which have followed. The need for these consultations was evidenced by the obvious isolation in which some midwives were working, which was not to the benefit of the expectant mother. The consultations were welcomed by the doctors, hospital staffs and midwives.

The following pages set out developments in all parts of the services but the opening of the first Occupation Centre for mental defectives is especially worthy of note. The relief which this has given to parents and the progress of the defectives attending have been most gratifying.

The need for provision for the infirm blind caused serious concern. The Home for Blind was fully occupied and over 20 elderly infirm blind, not ill enough to be admitted to Chronic Sick wards or suitable for Part III accommodation provided by the Welfare Committee, were in urgent need of residential accommodation. The decision to provide a Home for the Infirm Blind was helped by the generous offer of the County Association for the Blind to purchase a suitable house to be maintained by the County Council.

A comparable problem, the need for a short stay rest home for the elderly, has been considered and agreement reached with the Gloucestershire Housing Association to assist in providing suitable accommodation.

The need for accommodation, other than in the Welfare Committee's Part III establishments, for unmarried mothers with their babies was recognised as urgent. For those mothers with their first or second illegitimate children, St. Catharine's Home in Cheltenham, provided in association with the Diocesan Association for Moral Welfare, was available but throughout the year there was an average of six mothers each with two or more illegitimate children, sharing accommodation with the elderly and evicted families in St. Paul's Hospital, Cheltenham. A suitable house was found in Stroud but, whilst recognising the need for the provision and the suitability of the proposals, the Minister of Health was unable to approve the purchase of the house in view of the need to restrict expenditure. This decision was not accepted readily by the Council but direct approach to the Minister himself was unsuccessful. In the meantime, women in these difficulties, some of whom could be rehabilitated, continue to live under what I can only call Hogarthian conditions despite the best efforts of all the Committees, officers and social workers concerned.

Day Nursery provision was fully reviewed, not only in view of the high cost but also having full regard to the best service for the child. The Area Health Sub-Committees have carefully reviewed the needs of each child in attendance. As a result one nursery was closed in 1950 and further reduction in the number of places foreshadowed.

The midwifery and nursing services have been seriously hampered by difficulties of accommodation in some areas and the acceptance of a policy to build nurses' cottages was welcomed. The first year of the Council's Health Visitors Training course was successful and all the students passed

the examination of the Royal Sanitary Institutes Joint Board and enabled the establishment of Health Visitors to be maintained.

The setting up of the Severn River Board has removed some of the sanitary functions from the Department but this has enabled more time to be devoted to the supervision of Pasteurizing plants which continue to increase in number.

No further developments have occurred in the provision of Health Centres. Reduction in capital expenditure and the urgent need to concentrate building on the primary health measure of providing houses are the main reasons, but there is undoubtedly a feeling of doubt as to the real nature of a Health Centre amongst the medical profession and the fear that the concept of a Health Centre might be so whittled down in the face of present day high costs in specialized building, that it might become merely a building, housing a range of doctors' surgeries and waiting rooms, with all the worst features of the old out-patient departments. There will need to be a series of experimental centres showing a complete breakaway from traditions associated with disease but with the fundamental ideas of prevention. The report of the Central Health Services Council on Health Centres was still awaited at the end of the year.

I am indebted to the County Council and the Health Committee for the assistance given to me and to the members of the Staff of my department for their support. It was a serious blow to the department to lose Dr. Boyd, killed in a road accident when on duty in August. He was one of the best young medical officers of the post-war years, who always went the extra step to ensure that his duties were fully carried out.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,

County Medical Officer of Health.

STAFF**as at 31.12.50**

County Medical Officer of Health and School Medical Officer	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and School Medical Officer	J. A. C. Franklin, M.B., B.S., D.P.H.
Maternity and Child Welfare Medical Officer	E. Catherine Morris Jones, M.B., B.S., B.Hy., D.P.H.
Senior Assistant Medical Officer of Health	Beatrice M. Thompson, M.D., D.P.H. One Vacancy.
Assistant Medical Officer of Health ...	Catherine E. Hignell, M.R.C.S., L.R.C.P. Katherine E. M. Allen., M.R.C.S., L.R.C.P. Clive L. E. H. Sharp, M.R.C.S., L.R.C.P., D.P.H. Kenneth J. Adams, M.R.C.S., L.R.C.P., D.P.H. William B. A. Smyth, M.B., Ch.B., D.P.H.
Assistant County Medical Officers of Health and Divisional Medical Officers of Health (also District Medical Officer of Health)	D. Barclay, M.B., B.Ch., D.P.H. W. J. D. Cooper, M.B., B.Ch., D.P.H., B.A.O. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. M. L. Sutcliffe, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
Divisional Medical Officers of Health (also District Medical Officer of Health)	J. Menzies Cormack, M.B., Ch.B., D.P.H. A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. D. E. Morley, M.D., D.P.H.
Senior Dental Officer	J. F. A. Smyth, L.D.S.
Dental Officers	D. N. de Gruyther, L.D.S. J. M. Lusztig, M.D. (Pecs.) Mrs. D. W. Squires, L.D.S. B. F. Wren, L.D.S. 11 Vacancies.
Superintendent Health Visitor	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor ...	Miss F. Collins. 50 Health Visitors.
Health Visitor Tutor	Miss R. Atkinson.

County Nursing Association.

Superintendent	...	...	...	...	Miss E. Hatfield.
Assistant Superintendents	...	...	...	...	Miss F. I. Humphries. Miss I. Colin. 163 District Nurse/Midwives.
Orthopaedic After-Care Sisters	...	...	...	...	Miss I. A. Beale. Mrs. M. J. Gardiner. Mrs. E. A. Stokes. Miss F. J. Stack-Haydon.
Mental Health Workers	...	...	...	...	Mrs. I. E. M. Halsall. J. L. Silk.
Mental Health and Duly Authorised Officers					G. L. Cox. K. R. Pennington. A. F. Poyser. G. H. Watts.
Duly Authorised Officers	...	...	...	...	J. D. Harris. H. Paling. F. L. Wintle.
Speech Therapists	...	...	...	...	Miss D. Braithwaite. Miss D. Hall
Dental Attendants	...	...	...	...	5
County Sanitary Inspector		...	...	...	S. B. J. Davies, A.R.San.I., M.S.I.A.
Assistant County Sanitary Inspector		...	...	...	G. Pryce Lawrence, A.I.S.E., M.R.San.I., M.R.I.P.H.H.
County Ambulance Officer	...	...	...	...	W. C. Virgo, O.B.E.
County Home Help Organiser	...	...	...	...	Mrs. M. C. Marks, M.B.E.
Secretary, County Association for the Blind					Miss B. M. J. Saunders.
Home Teachers of the Blind	...	...	...	...	4
Chest Physician (part time)	...	...	...	...	F. J. D. Knights, M.D., M.R.C.P.
Administrative Officer	...	...	...	...	A. V. Pyne.
Senior Administrative Assistants	...	...	...	...	A. Hudson. F. B. Wilton W. T. Winstone.

Death Rate of Infants under four weeks of age :—

All infants per 1,000 live births	..	...	...	..	...	...	...	18.19
Legitimate infants, per 1,000 legitimate live births	...	..	...	...	...	...	...	17.22
Illegitimate infants, per 1,000 illegitimate live births	..	...	...	...	...	...	...	35.91

Deaths from :—

Cancer (all ages)	..	..	..	..	..	..	..	779
Measles (all ages)	..	..	..	..	..	..	..	1
Whooping Cough (all ages)	..	..	..	..	..	..	..	4
Gastritis, enteritis and diarrhoea (all ages)	..	..	..	..	..	..	..	29

1. Birth Rate.

The Birth Rate for the year 1950 was 16.15 per 1,000 of the population, as compared with 17.47 in 1949.

The following table shows the comparative figures for the past five years :—

	1946	1947	1948	1949	1950
Urban	19.7	19.1	17.21	17.03	15.70
Rural	18.5	20.0	18.23	17.73	16.37
Administrative County	18.9	20.0	17.89	17.47	16.15
England and Wales	19.1	20.5	17.9	16.7	15.8

2. Death Rate.

The Death Rate for the year was 11.46 as compared with a rate of 11.9 last year.

The total number of deaths in the County during 1950 was 4,916 and the seven chief causes of death, were as follows :—

	Urban		Rural		Whole County		Percentage of total deaths.		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	670	4.65	1112	3.90	1782	4.18	37.22	35.69	36.25
Cancer	283	1.97	496	1.74	779	1.82	15.72	15.92	16.05
Vascular lesions of nervous system	228	1.59	375	1.32	603	1.40	12.67	12.03	12.26
Bronchitis	77	0.54	122	0.43	199	0.46	4.28	3.91	4.05
Other circulatory diseases	53	0.37	108	0.38	161	0.38	2.94	3.47	3.27
Pneumonia	44	0.31	86	0.31	130	0.30	2.44	2.76	2.64
Tuberculosis	52	0.36	72	0.25	124	0.29	2.89	2.31	2.54

3. Infantile Mortality.

The Infantile Mortality Rate for the County was 28·31, the lowest on record. The rate for England and Wales for the same period was 29·4.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1945	101	42	174	37	274	38	46
1946	98	37	184	38	282	38	43
1947	101	37	175	33	276	34	41
1948	74	30	153	30	227	30	34
1949	72	29	149	30	221	30	32
1950	73	32	123	26	196	28	29

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities.

The Gloucestershire Royal Hospital Laboratory at Gloucester, by arrangement with the Medical Research Council and the Medical Research Council Laboratories at the Bristol University, Oxford and Worcester, continued to undertake Public Health bacteriological and pathological work. As the Gloucester laboratory is unable to undertake Water and Sewage examinations, these samples have been examined by the County Analyst as in previous years.

The Medical Research Council proposal to provide a new laboratory in Gloucester has progressed, a site having been agreed at the Royal Hospital and plans prepared. This laboratory will provide for the full range of public health bacteriology, including assistance for the District Medical Officers of Health in epidemiological investigations.

The following is a summary of the samples of water and sewage effluent examined by the County Analyst. The number of samples submitted by the District Councils to other Laboratories is not known.

Samples submitted by					Types of Samples.				
					Water.	Crude Sewage.	Sewage Effluents.	River Waters.	Trade Effluents.
<i>Boroughs :</i>									
Tewkesbury	...	...	...	...	1	—	—	—	—
<i>Urban :</i>									
Charlton Kings	...	...	...	...	2	—	—	1	—
Cirencester	...	...	...	...	4	—	—	—	—
Kingswood	...	...	...	...	2	—	—	—	—
Mangotsfield	...	...	...	...	—	—	—	—	—
Nailsworth	...	...	...	...	2	—	—	—	—
Stroud	...	...	...	...	43	—	—	—	—
<i>Rural :</i>									
Cheltenham	...	...	...	...	27	—	9	2	—
Cirencester	...	...	...	...	27	—	3	—	—
Dursley	...	...	...	...	23	—	2	1	1
East Dean	...	...	...	...	24	3	5	—	1
Gloucester	...	...	...	...	18	1	6	2	—
Lydney	...	...	...	...	25	—	—	—	—
Newent	...	...	...	...	22	—	—	—	—
North Cotswold	...	...	...	...	31	—	9	—	—
Northleach	...	...	...	...	18	—	—	—	—
Sodbury	...	...	...	...	37	5	14	—	8
Stroud	...	...	...	...	91	—	—	—	—
Tetbury	...	...	...	...	42	—	—	—	—
Thornbury	...	...	...	...	39	—	3	—	—
Warmley	...	...	...	...	11	—	1	—	—
West Dean	...	...	...	...	55	—	1	2	2
Total					544	9	53	8	12

2. National Health Service Act, 1946.

(I) CARE OF MOTHERS.

(a) *Expectant and Nursing Mothers.*

The existing clinics at Soundwell, Filton, Cinderford, Cirencester, Stonehouse, Cheltenham, Patchway and Tewkesbury, continued their activities for mothers during the year. At five of the clinics medical officers attend regularly to see patients referred from doctors or hospitals, but the number of expectant mothers attending for medical care is decreasing and at all clinics the majority of the patients are examined by midwives only, the medical supervision being given by the patient's doctor under the Maternity Medical Services Scheme. While this arrangement has decided advantages for patients remaining at home for their confinement there is frequently no meeting between doctor and midwife and no inter-availability of records. The clinic offers a useful meeting place for all concerned and proposals are under consideration to enable the practitioner to attend the clinics to see his patients with the midwife. Health Visitors attend to give talks to the mothers and advise on matters relating to their domestic circumstances. The Relaxation Classes at Filton and Patchway

have been well attended. Advice on all aspects of Women's Welfare is available through the Medical Officers at the clinics.

This number of patients attending the clinics is as follows :—

Ante-natal ...	...	...	...	...	...	...	496
Post-natal Patients	...	...	...	...	...	...	126

(b) *Arrangements for Confinement.*

It has been necessary still to exercise selection in the admission of patients to hospital. Some mothers are influenced in their desire for hospital confinement by the fact that it is less expensive and an enquiry shewed that the average cost of remaining at home was £8 10s. 0d. greater than when the confinement took place in hospital. 3394 applications for admission were received during the year and in 275 cases the mothers were informed that there were no circumstances to merit a hospital bed. Wherever acceptable a home help is provided in these cases. Placings in hospitals in the North Gloucestershire Clinical area continue to be made through the Health Department.

(c) *Care of the Unmarried Mother.*

(i) *Voluntary organisations.*

The Workers of the Bristol and Gloucester Diocesan Associations for Moral Welfare work have continued to investigate the circumstances of women with illegitimate children and to recommend the appropriate assistance which may be given by the County Council. During the year 32 cases were dealt with by the Bristol Association and 198 by the Gloucester Association. St. Catherines, the voluntary home at Cheltenham, has admitted 67 persons during the year. Most of the girls are there for a month before their confinement and return for a further period with their babies. The girls are given training in domestic work and in the management of their children.

As St. Catherines is able to accept women for short periods only, those requiring longer stay in a training home are admitted elsewhere. 28 girls were sent to other homes.

(ii) *County Hostel.*

The proposal to inaugurate a hostel for mothers and children under 1 year old duly received the approval of the Ministry of Health, but the scheme had to be abandoned as the Treasury refused to sanction the expenditure on the purchase of a building for this purpose. The need for such a hostel is very great and it is hoped that a further application at some later date may prove successful.

(II) CARE OF YOUNG CHILDREN

(a) *Home Visiting.*

The regular supervision of children under 5 in their homes has always been regarded as an important activity of Health Visitors, and as one of the factors in reducing the infant mortality rate during the present century. The duties of Health Visitors under the National Health Service Act have been much extended and there is some danger that this routine aspect of their work might be curtailed. Although mothers today have greater knowledge of health matters in relation to their children they are still in need of individual advice, and any slackening of this effort might result in a deterioration of the general position: particularly is this so in respect of the child between 2 and 5 years of age. Mothers are anxious for advice concerning their young infants but do not avail themselves so readily of facilities at Welfare Centres for the toddlers, and there is some evidence that the state of health of the immediate pre-school children is not as good as in the first two years. The Health Visitors appreciate this need for constant watch on the toddler, and the number of visits paid after the first year in the summary of work is evidence of this.

Summary of home visits during the year :—

1. By whole-time Health Visitors :

To children under 1 year of age :—

First visits	5,461
Total visits	43,861

To children between 1 and 5 years :—

Total visits	64,740
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2. By District Nurse/Health Visitors :

To children under 1 year of age :—

First visits	1,417
Total visits	13,680

To children between 1 and 5 years :—

Total visits	17,565
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(b) *Child Welfare Centres.*

The Child Welfare Centre provides the necessary adjunct to the home visiting, since through the meeting of mothers in groups much valuable teaching is given and the opportunity for regular weighing and routine medical supervision is of great value alike to the mother and the Health Visitor.

The County has now 105 centres which compares favourably with similar counties. These centres include two branch centres at Henfield and Soudley, and are organised through local voluntary committees—at the two centres at Soundwell and Filton there are voluntary helpers under direct County administration. During the year new centres were opened at Berry Hill, Sharpness, Witcombe, Yate and Leckhampton.

In some districts for various reasons the number of available children had become very small and in such areas a new centre was opened in a neighbouring locality with larger child population and the existing centre was absorbed. This occurred at Badminton and Lechlade and transport is arranged for the mothers from Old Sodbury and Eastleach respectively.

The policy of the Health Committee in respect of Child Welfare Centres is carried out through the Federation of Child Welfare Centres. At the Executive Committee meetings various problems are considered and the views of the Committee are made known to the local Committees through area meetings, now held regularly and well-attended. These meetings, together with the General Council Meetings, provide a useful focal point for discussion and for keeping members informed of fresh ideas and the reasons for new developments. Most centre Committees have now followed the agreed policy of holding annual meetings for election and report, and considerable interest has been shewn by several Parish Councils in the work of the centres in their locality.

The officers and area representatives of the Executive Committee of the Federation give a considerable amount of time and thought to the improvement of the service and their work is much appreciated.

Summary of attendances at Child Welfare Centres for the years 1949 and 1950 :—

	1949	1950
Total number of children on registers		
under 12 months old 	5,228	4,637
Total number of children on registers		
over 12 months old 	11,004	9,293
	———— 16,232	———— 13,930

	1949	1950
Total number of attendances of children under 12 months	45,570	46,689
Total number of attendances of children over 12 months	42,267	44,480
	<hr/> 87,837	<hr/> 91,169

It will be seen that although the actual number of children on the registers is smaller the total attendances shew an increase on the previous year. This is satisfactory as there was a growing tendency for mothers to attend irregularly, especially with the children over 1 year.

Day Nurseries.

The scheme for priority admissions to Day Nurseries was carried out throughout the Nurseries during the year. The Area Health Sub-Committees gave consideration to all applications. At Stonehouse Day Nursery the number of priority children fell to the low number of six and the Health Committee obtained the consent of the Ministry of Health to close the Nursery in March. Arrangements were made to transport the six children daily to Stratford Park Nursery. The building was taken over by the Education Committee and the children over 2 already attending the Nursery were allowed to remain in the nursery class.

The remaining nurseries at Stratford Park, Cheltenham (3), Cirencester, Soundwell, Patchway and Kingswood, continued to operate and any places not taken up by priority cases were filled from the waiting lists. The eight nurseries provided accommodation for 342 children. The nurseries, with the exception of Soundwell and Cirencester, continued the training of nursery students.

Liaison with the Children's Committee.

Members of the Medical Staff undertake routine medical examinations at residential nurseries and exercise general supervision over the hygiene and health activities. Nursery students take part of their training in these nurseries under the co-ordination of the Course Tutor. The Health Visitors act as Child Life Protection Visitors for the Children's Committee in respect of children under 2 years. Over this age children in foster homes are visited in the same way as other children in the community.

Nurseries and Child Minders Act, 1948.

The Area Sub-Committees are responsible for the approval of child minders. Two applications were received during the year and certificates were issued under Sect. 1 (1)(b) of the Act, but the applicants handed back the certificates towards the end of the year. There are at present no registered nurseries or child minders in the County. Several persons undertake daily care of one or two children, but these are not required to apply for registration.

Infant Deaths.

The Infant Mortality Rate is regarded as an index of the value of the services available for children and the use made of them.

During the year there were 196 deaths of children under 1 year of age. This gives an infant mortality rate for the County of 28·31, that for England and Wales being 29·8—a new record for this rate.

The rate varies in different parts of the county from 41 and 40 to 3·7 in one district. The number of cases in each urban and rural district is small, which accounts for the fluctuating rate from year to year.

Of the 196 deaths, 126 occurred during the first four weeks, giving a neo-natal death rate of 18·19—more than half the total death rate.

The causes of death of the 70 cases between 1 and 12 months of age are as follows :

Broncho-Pneumonia	...	...	...	...	18
Asphyxia	...	...	...	...	14
Congenital conditions, Pyloric Stenosis, Hydrocephalus, heart disease, etc.	...				12
Meningitis	...	...	...	...	8
Gastro Enteritis	...	...	...	...	7
Toxemia, etc.	...	...	...	...	6
Other causes	...	...	...	...	5
					—
					70
					—

Infectious and respiratory diseases are the chief causes of death after the first month.

Broncho-pneumonia is too common a cause of death in infancy ; it may follow whooping cough or an operation, or frequently is due to infection from an adult.

The large number of cases of asphyxia gives cause for concern. The details are as follows :—

Suffocation	due to lying with face in pillow in cot	...	...	4
„	due to overlaying by parents	...	...	2
„	due to vomiting	...	...	3
„	due to infanticide	...	...	1
„	due to pressure from harness of pram	...	...	1
„	due to enlargement of Thymus gland	...	...	3

With the exception of the last condition it would appear that most of the deaths might have been prevented. Pamphlets have been issued through Welfare Centres drawing attention to the dangers of soft pillows, sleeping with parents and so on, and efforts are required to bring this information before all parents.

Neo-natal deaths.

It is recognised that the largest single cause of death in the first four weeks is prematurity. Of the 126 pre-natal deaths 75 were attributed to this cause. Details relating to premature infants are given in later paragraphs.

With regard to the 51 deaths not assigned to prematurity, the chief causes are deformities of the child (15), lung conditions giving rise to inadequate breathing function (13) and birth injuries (9). A blood condition caused death in 6 cases : the probability of this can be ascertained beforehand by blood tests of the mother, but even so it is not always possible to save the child's life. The causes of congenital deformities are not yet fully understood and there seems to be no way at present of preventing them.

Premature Babies.

A birth is regarded as premature if the weight of the child at birth is $5\frac{1}{2}$ lbs. or less. As prematurity is the cause of so many infant deaths special attention has been given in recent years to the care of the premature infant.

When a premature birth seems unavoidable every effort is made to remove the mother to hospital before the delivery, but this is not always possible.

The following tables give information on premature births during the year.

(i)	Number born at home	...	...	...	110	
(ii)	Number born in hospital	...	...	...	307	
(iii)	Number born in private maternity homes				23	
					—	440
Transfers to hospital—						
(i)	of babies born at home	...	...	...	27	
(ii)	of babies born in private maternity homes	...	...	...	4	
					—	31
Deaths—						
(i)	of 83 babies nursed at home	...	...	...	11	
(ii)	of 307 babies born in hospital	...	...	...	55	
(iii)	of 19 babies nursed in private homes	...	...	...	4	
(iv)	of babies transferred from home	...	...	...	5	
(v)	of babies transferred from nursing homes...				0	
					—	75
					—	

Table relating to weight at birth and period of death :—

		Birth—24 hours	Death 2—8 days	9—28 days	Total
<i>Birth weight under 3 lb. 4 oz.</i>					
(a)	Hospital—including transfers	13	8	3	24
(b)	Home	6	—	—	6
(c)	Private nursing homes	—	—	—	—
<i>Birth weight 3 lbs. 4 ozs. to 4 lbs. 6 ozs.</i>					
(a)	Hospital—including transfers	6	6	1	13
(b)	Home	2	1	—	3
(c)	Private nursing homes	1	—	—	1
<i>Birth weight 4 lbs. 7 ozs. to 4 lbs. 15 ozs.</i>					
(a)	Hospital—including transfers	5	5	3	13
(b)	Home	—	—	—	—
(c)	Private nursing homes	—	1	1	2
<i>Birth weight 5 lbs. to 5½ lbs.</i>					
(a)	Hospital—including transfers	7	2	1	10
(b)	Home	1	—	1	2
(c)	Private nursing homes	—	1	—	1
		41	24	10	75

Factors influencing survival include the birth weight and the conditions available for care. In the above table it is seen that 30 of the deaths occurred in children under $3\frac{1}{4}$ lbs. weight at birth. Six babies under this weight were born at homes and all died, including two who were transferred to hospital. It is now considered that there may be little difference in the chance of survival between children over $3\frac{1}{2}$ lb. weight nursed in hospital and those nursed at home under good conditions. If the home conditions are unsuitable or the child of any weight is distressed, hospital admission is advocated.

Special units for premature babies are established at Sunnyside Maternity Hospital, Cheltenham, and Southmead Hospital, Bristol. In addition to nursing the premature infants born in the hospital, the units admit children from the district. From both Southmead and Sunnyside an emergency service is available for calls from doctors and midwives; and suitable equipment, including oxygen, is taken to the home. Seventeen calls were made during the year.

For babies who remain at home special cots and clothing may be supplied from Divisional Health Offices. The nursing of these babies is of a specialised character and it is hoped to send some of the County midwives for post-graduate training, in order to provide an adequate home nursing service in this respect. From Southmead Hospital the babies are visited on their discharge home by a special worker until their condition is well established. A follow-up Clinic is also held for the observation of such children to compare their development with that of mature babies.

Stillbirths.

There were 6,924 registered births in the County and 152 stillbirths—a stillbirth rate of 21.95 per 1000 births or .35 per 1000 population. The factors concerned in the cause of stillbirth are not yet fully known, and in half the cases no reason can be given. In some instances the foetus has been dead for some time before delivery and in others difficulties at the time of labour may be responsible for the death. Illness of the mother and deformity of the child have some bearing on the condition and there is a direct relation to the number of pregnancies—stillbirths being higher in first pregnancies and after the fifth—and to the age of the mother, the stillbirth rate in first pregnancies of women under 25 being half that of women over 30. It is suggested that social and economic circumstances may also have some influence on the delivery of a stillbirth and investigations are being carried out on these lines. The stillbirth rate has only fallen by half during the last 40 years and until more information is obtained through research, any improvement in the position depends on a high standard of ante-natal and midwifery practice.

(III) MIDWIFERY AND HOME NURSING

The policy of the County Council in respect of midwifery and home nursing is implemented by the County Nursing Association through its Executive Committee and the District Nursing Associations. There are now 95 local Associations affiliated to the County Association, which is itself affiliated to the Queen's Institute of District Nursing.

The nurses are appointed by district Committees, a member of the central staff being present at the interview to advise on the technical qualifications of the applicants. The local Committee is also responsible for ensuring that the people in their area are adequately nursed and that the conditions under which the nurse lives are suitable.

It was anticipated that under the National Health Service Act the calls on the nurse would be greatly increased but this has not so far been the case, except in Cheltenham, and in general the nurses have not been overburdened. Every effort is made to improve the conditions under which the nurses carry out their work. All nurses in rural districts have now been provided with cars if the nurse herself did not own one, 28 new cars having been obtained during 1950.

Regular off-duty periods are ensured by the provision of area-relief nurses, and this innovation is proving satisfactory. There are now 9 such relief nurses. In some areas relief is still given by adjoining districts but it is hoped that eventually this will not be necessary.

In many districts the nurse was not living in good conditions and efforts have been made to obtain a house for her or to provide better lodging accommodation. Where a house was available through the District Nursing Association or the District Council, furniture has been provided if required, and it has been possible to make the nurse's home suitable and attractive. Having regard to the extreme difficulty of obtaining suitable properties, the County Council adopted the general policy of building, or otherwise acquiring houses suitable for nurses' homes, with district rooms attached. This matter is being actively pursued in accordance with the approved Development Plan.

In accordance with the proposals adopted for the service, amalgamation of districts was carried out in three areas during the year :—

1. The part of the County from Ampney Crucis to Lechlade previously covered by 7 nurses was divided into 4 Associations, and is now served by 4 nurses and an area relief nurse.
2. Iron Acton and Yate Associations amalgamated with 1 nurse.
3. Wotton-under-Edge, Kingswood and North Nibley formed one Association with 2 nurses and an area-relief nurse who also covers adjoining districts.

Details relating to Nursing Staff.

County Staff, including the County Superintendent and 2 Assistant Superintendents :—

Queen's Nurses	...	...	...	...	...	...	57
State Registered Nurses (S.R.N.) and State Certified Midwives (S.C.M.)	...	...	...	...	...	...	31
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.)	...	...	...	...	...	...	34

Sixteen of the Nurses hold the Health Visitors' Certificate. Where combined work is undertaken the certificate is now essential and arrangements are in progress for those nurses who are eligible, to take the necessary course as opportunity offers.

Victoria Home, Cheltenham :—

Queen's Nurses	...	...	...	...	...	...	12
S.R.N. and S.C.M.	...	...	...	...	...	...	7
S.C.M. and S.E.A.N.	...	...	...	...	...	...	8

For the first time a male Queen's Nurse was appointed.

Kingswood Home :—

Queen's Nurses	...	...	...	...	...	...	4
S.R.N. and S.C.M.	...	...	...	...	...	...	1
S.C.M. and S.E.A.N.	...	...	...	...	...	...	2

Stroud Home :—

Queen's Nurses	...	...	...	...	...	...	2
S.R.N. and S.C.M.	...	...	...	...	...	...	2
S.C.M. and S.E.A.N.	...	...	...	...	...	...	2

Retirements.

Seven nurses retired during the year, all had completed over 10 years service in the County, one nurse had completed 30 years and another 27 years.

Training Courses.

Ten nurses completed Queen's district training courses.

Four nurses completed Health Visitors' training courses.

Two nurses completed gas and air courses.

At the end of the year 2 nurses were in training at district nursing courses and two at Health Visitors' courses.

One Assistant Superintendent and two district nurses attended post-graduate courses.

The usual annual post-graduate course for nurses and midwives was held in May and there were large attendances at a number of interesting lectures and demonstrations.

In order to maintain a high standard of work and to keep nurses informed of new developments a series of discussion groups was initiated in different parts of the County. Nine such meetings were held and considerable interest was shown by the nurses attending.

*Summary of Work.**Central Staff:—*

Routine visits of inspection	...	...	...	...	292
Special visits	...	...	...	...	117
Relief nursing duties	...	...	6 weeks and 4 days		

District Midwives and Nurses:—

New Cases

Midwifery	...	...	...	...	...	2,149
Maternity	...	...	...	...	...	435
General nursing	...	...	...	...	...	14,733
Total	...	...	...	...	...	17,582

Total visits paid

Midwifery	...	...	...	...	...	41,744
Maternity	...	...	...	...	...	9,135
Ante-natal	...	...	...	...	...	31,087
Post-natal	...	...	...	...	...	2,632
General nursing	...	...	...	...	...	265,353
Casual	...	...	...	...	...	31,044

Cases at ante-natal clinics ... 3,143

Fifty nurses undertake public health duties and 37,365 visits were paid.

Work of the Local Supervising Authority.

The County Council is the Local Supervising Authority throughout the County, including midwives practising as midwives or maternity nurses in hospitals administered by Regional Hospital Boards.

During the year 303 midwives notified their intention to practise as midwives and 17 as maternity nurses. At the end of the year 140 midwives were employed by voluntary organisations,

63 employed by hospital management committees, 10 were in private homes and 14 in private practice, a total of 227.

Maternity cases attended :

	Domiciliary Cases		In Institutions	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
(a) Employed by County Nursing Association	2,149	435	—	—
(b) Employed by hospital management committees	—	—	2,942	370
(c) In private practice	11	107	254	272
Total	2,160	542	3,196	642

Number of Medical Aids under Section 14(1) Midwives Act, 1918.

Domiciliary :—

(a) Where a medical practitioner had arranged to provide maternity medical service	699
(b) Others—where no arrangement was made under the National Health Service ...	51
Cases in Institutions	338

Gas and Air Analgesia.

Number of Midwives qualified to administer gas and air analgesia :—

(1) In hospitals in the National Health Service	58
(2) In private nursing homes	5
(3) In domiciliary practice—	
(a) employed by voluntary Associations	121
(b) In private practice	2
Number of sets of apparatus in use in Domiciliary practice	114
By midwives in domiciliary practice—	
(a) when acting as midwife	1553
(b) when acting as maternity nurse	219

It will be seen that in two-thirds of the domiciliary cases the patients received the analgesia, which is a substantial increase over previous years.

Administration of Pethidine.

Pethidine is a useful drug in midwifery practice which is controlled by the Dangerous Drugs Regulations, and midwives have not been allowed to administer it on their own responsibility. Under

a new regulation issued during the year midwives, who have been trained in its use, are now allowed to administer it with certain safeguards ; and it is proving of considerable value to patients and midwives. Fifty-six midwives are qualified to use the drug and have given it to 227 patients during the year.

Supervision of Midwives.

Four members of the medical staff are approved as medical supervisors, and the County Superintendent and the two Assistant Superintendents as non-medical supervisors. The latter carry out the routine visits which include the supervision of the midwife at confinements and nursings and the inspection of records. Three hundred and thirty-nine visits were made during the year.

The medical supervisors visit hospitals and nursing homes to see the records of the midwives and discuss matters relating to the rules. Fifteen visits were paid to hospitals and homes.

Maternal deaths.

There were 2 deaths of mothers during the year, both of which occurred in hospital. This gives a maternal mortality rate of .28, that for the Country as a whole being .89.

Emergencies on the district are greatly assisted by the operation of an Obstetric Flying Squad from Sunnyside Maternity Hospital. Patients suffering from shock and haemorrhage are able to have specialist treatment in their homes and in many cases admission to hospital may not be required. The squad may be called by the patient's doctor or the midwife if the doctor is not available, and much delay in obtaining the necessary treatment is prevented.

Number of calls on the Flying Squad	...	...	28
Cases of haemorrhage	...	...	14
Cases of retained placenta	...	...	11
Cases of miscarriage	...	...	3
Number of patients treated with blood transfusion			22
Number of patients subsequently admitted to hospital	...	...	9

(IV) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Report of Senior Dental Officer.

The establishment of dental officers approved in the Authority's scheme under Section 22 of the National Health Service Act, 1946 is 17, including 2 for the Borough of Cheltenham. One fifth of the time of these officers was under this scheme allocated to the dental care of mothers and young children. In the year under review, however, the total staff was for the most part the equivalent of 4 full-time officers, although at the end of the year it increased to the equivalent of 5 7/11ths. As a result, and owing to the heavy demands of school work and emergency treatment, little could be done in the way of routine treatment for those termed " Priority Classes " under the Act.

The outlook for the Local Authority Dental Services was somewhat brightened during the year by the setting up of a Dental Whitley Council (Local Authorities). By this agency it was hoped that a salary scale adequate to attract dentists into the Local Authority Service would be agreed. Owing to a number of circumstances, however, negotiations were not completed during 1950.

Progress was made in the provision of clinics in the County, although the only one actually completed in the year was Filton. This was completely re-equipped and redecorated and is now a first class dental clinic.

Treatment.

(a) Expectant and Nursing Mothers.

As in previous years, the great majority of mothers were referred through the ante-natal clinics and welfare centres to general dental practitioners. 23 were treated by these practitioners under Part III of the Act, the County bearing the cost. A large number, of whom no records are available, were treated under Part IV of the Act, the cost being borne by the Local Executive Council. Where any difficulty of obtaining treatment was reported, the mothers were treated by the County Dental Officers. One expectant and 4 nursing mothers were treated in this way, details being given in the following table :—

	Examined	Needing Treatment	Treated	Made Dentally Fit	Extractions	Anaesthetics		Fillings.	Scalings or Scaling and Gum Treatment	Radiographs	Dentures provided	
						Local	General				Complete	Partial
Expectant and Nursing Mothers	5	5	5	4	13	2	1	3	3	2	4	1

(b) Pre-School Children.

Visits were paid to three Welfare Centres for talks to parents and dental inspection of children. In the main, however, it was left (owing to the staff shortage) entirely to the medical and medical ancillary staff to refer children for treatment. Facilities were always available for children to receive treatment at the weekly emergency clinics held at Gloucester, Cheltenham, Cirencester, Filton and Soundwell. Wherever possible appointments were made for those in need of conservative treatment, but it will be seen that of 99 children treated only 46 are recorded as being made dentally fit, and 114 teeth were extracted as against 32 filled and 88 treated with silver nitrate.

	Examined	Needing Treatment	Treated	Made Dentally Fit	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings
						Local	General				
Children under five	136	123	99	46	114	34	23	32	—	88	19

Conclusions.

The state of affairs detailed in this report can only be considered as most unsatisfactory. It has been impossible for the Authority to carry out the comprehensive inspection and treatment envisaged in the scheme already referred to, and the treatment which was carried out represents only a small fraction of the need. The position with regard to pre-school children is especially serious since very few of these receive treatment from the General Dental Service. It is encouraging however to note that an increasing number of young children are being referred to the clinics and in fact 15 more were treated in 1950 than in 1949.

(V) HEALTH VISITING.

Activities during the year have been varied. Six meetings were held in the Shire Hall, at which the speakers were officers from other departments whose work impinged on that of the health visitor. Miss Mills (Organising Secretary of the Committee for the Care of the Physically Handicapped), Miss Medley (Children's Officer) and Mr. Lancaster (National Assistance Board) were among those who spoke.

A successful weekend course was held at Cowley Manor in June where an average number of 60 health visitors gave up their weekend to study problems of particular interest. Two health visitors only were sent to a full post-graduate course as the rest have recently attended such courses.

A meeting was arranged in November between the Group Almoner from the Banbury Group Hospital Management Committee Area and the health visitors working in that part of the county. This meeting was extremely valuable in mutually agreeing methods of co-operation particularly in After-Care of patients discharged from hospital.

The first clinics for tuberculin testing were held late in the year at Cheltenham and Gloucester and arrangements made with the Chest Physician to train a certain number of health visitors to test children in the rural areas. The health visitors are welcoming the extension of their duties both in this and other respects. Health visitors have been invited to give talks, and series of talks, in schools on their own work and on mothercraft and hygiene.

The first set of students trained by the Council took up their duties in April and have proved to be suited to their work. The staff has been co-operative in training students in practical work.

Students from the County Health Visiting Course and from the Bristol University Course have practical experience in the County, and County Borough experience, for the County students, is obtained by the kind co-operation of the Gloucester City Medical Officer of Health.

Staff at the end of 1950.

Full-time	...	...	...	...	...	...	...	...	50
Part-time	...	...	...	...	...	...	...	...	1
Part-time (District Nurses) with Health Visiting Certificate	...								16
Part-time (District Nurses) without Health Visiting Certificate									34

Total of visits paid.

Full-time	...	...	...	...	...	...	...	129,876
Part-time	...	...	...	...	...	...	...	34,437

Clinics, etc., attended.

Full-time	...	...	...	...	...	...	...	8,125
Part-time	...	...	...	...	...	...	...	1,072

Details of the visits and clinics attended are set out in the appropriate sections.

Health Visitors' Training Course.

The first training course for health visitors in the County terminated in April, 1950. Eight candidates were accepted for training and all successfully passed the Health Visitors' Examination arranged by the Royal Sanitary Institute. Seven students received grants under the Council's Training Scheme and, consequently, were appointed as Health Visitors.

This course is arranged by the Health Committee in conjunction with the North Gloucestershire Technical College, and extends, at present, over a period of seven months.

The second course commenced on September 9th, 1950, and twelve students were accepted. Theoretical and practical instruction are arranged throughout the course, which is held at the North Gloucestershire Technical College.

Theoretical work is based on the syllabus published by the Royal Sanitary Institute and includes :—

Physical and Mental Welfare of the Family.
Social and Industrial Conditions.
Ethics and Technique of Health Visiting.
Introduction to the Technique of Teaching.

Practical training is received in the County, Bristol, Gloucester and Birmingham.

(VI) VACCINATION AND DIPHTHERIA IMMUNISATION.

(a) *Vaccination against Smallpox.*

It is necessary to keep a reservoir of vaccinated persons in the community to be able to deal successfully with any imported case of smallpox and any outbreak which may result. In such an outbreak the vaccination of close and less close contacts on the "expanding rung" principle will, as has been shown in recent years in other parts of the country, control the disease and eradicate the outbreak ; but the danger of death and severe disease is lessened by the vaccination in infancy, which is probably the safest time for the procedure.

Many more persons are vaccinated than those for whom we receive records (for example, in this County, all new entrants to the training ship on the Severn) but not all of these records are of value to Health Departments as they give no real indication of the "reservoir" of the vaccinated amongst the permanent residents.

The following table shows details of the successful vaccinations for which records were submitted.

Vaccination	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
Primary 	1,058	394	150	232	1,834
Re-Vaccination 	6	29	82	631	748

The number of infants vaccinated has increased from 767 in 1949 to 1,058 in 1950. The arrangements made to send to parents of children as they became 4 months old a leaflet informing the parents of the necessity for vaccination and of the free facilities available through the family doctor were in operation for most of the year and is the cause of the increase. It is hoped that it will be possible to record a further increase in the number of vaccinations in future years by continuation of this method and the personal approach of the Health Visitors on the occasion of their regular home visits and at Child Welfare Centres.

(b) *Diphtheria Immunisation.*

Parents of all infants at about the age of eight months receive a leaflet on the necessity of having their children immunised either by their own doctor or by medical officers at convenient centres. These leaflets are followed up by personal approach of the Health Visitors and by Doctors at Child Welfare Centres.

Protection was given to 3,877 children under school age and 365 school children during the year. In addition, 3,474 children received a maintenance dose. These figures are all less than last year but in view of the relative high incidence of Poliomyelitis in certain parts of the county in the summer and late autumn, immunisation was temporarily discontinued. This was done in view of the suggested evidence both in London and Australia that when Poliomyelitis occurred in a patient within two months of immunisation, there was a tendency for paralysis to be more localised in the inoculated limb. This evidence was more pronounced following vaccination against Whooping Cough and although as regards Diphtheria Immunisation the evidence was not overwhelming, it was deemed a wise precaution to stop immunisation. This is, of course, not without its dangers as Diphtheria could easily become a serious menace again and means that when Poliomyelitis is not about, the need for intensifying the immunisation propaganda is urgent.

The following table indicates the total number of children under 15 years of age who have been protected against diphtheria, and shows a slight decrease on the figures for 1949. There is more need, therefore, for a greater improvement in the numbers of children under 5 immunised and we must ensure that 75 per cent of all children under 15 are immunised. The immunisation propaganda was intensified in the winter and spring when Infantile Paralysis was not prevalent.

Age at 31.12.50. i.e. born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5-9 1941-45	10-14 1936-40	Total under 15
Number immunised	684	3,150	4,218	4,819	4,312	25,522	23,288	65,993
Estimated mid-year child population 1950	Children under 5 36,700					Children 5-14 62,690		Under 15 99,590
Percentage immunised	47					78		65

(VII) COUNTY AMBULANCE SERVICE.

As will be seen from the comparative graph (Appendix "A") the mileage covered by ambulances and sitting case cars has remained fairly steady, while the number of cases carried has increased. Both the mileage covered and the cases carried by the Hospital Car Service have decreased during the year. This has been achieved by close co-ordination and examination of requests for transport. General Practitioners are increasingly helpful in agreeing, where necessary, to alteration of times, and to long-distance cases being transported by train. The largest number of requests comes from hospitals and below are set out directions in which hospitals are asked to provide assistance.

1. Provision of a central transport office at hospitals, for the co-ordination of all transport requests.
2. Priority of examination wherever possible for patients brought by ambulance and car.
3. As long notice as possible in all cases and the review each fourteen days of all requests for repeat journeys.
4. Early notification to the Ambulance Service where the appointment day or time is changed or cancelled, the patient is too ill to be brought to hospital or where the patient has moved to another address.
5. Early notification to patients of transport arrangements.

6. Liaison with the Ambulance Service in examining cases in which patients are reported as having left by public transport before the arrival of the car or ambulance, or where the patient has gone " shopping " and appears to be well able to use public transport.
7. The early collection of all documents necessary on discharge (ration books, identity cards, etc.), to avoid waste of time.
8. Consideration of the possibility of the use of public transport in all discharge cases.
9. Ensurance that no request is put through from a hospital unless supported by a medical certificate at that hospital.
10. Assistance in the provision of nurses as attendants where nursing attention is considered necessary by the medical staff.
11. By co-operation in the provision of porters, wheel chairs, and hospital stretchers and by allowing, as far as possible, drivers to contact their Control Station.

On the 19th December, 1949, the National Health Service (Amendment) Act came into force. The commitments of this enactment are mainly financial, inasmuch as the liability for the cost of returning a patient home from a hospital in another Health Authority's area to the County from which he/she was originally admitted is now the responsibility of the County if the patient was admitted to the hospital within the previous three months.

The Minister of Health has informed Hospital Management Committees that all cases in which application is made to hospitals for transport under Section 3(3) of the National Health Service Act will be referred to the appropriate National Assistance Board for assessment. This has resulted in an increased number of requests being made upon the Ambulance Service. This has caused additional work at the Ambulance Control Stations to ensure that persons are not carried unless they are unable, by reasons of health, to use public transport.

Bristol Corporation have requested that certain portions of the County previously covered by them for all purposes be included in the area covered by the County Service. It has been agreed that the whole ambulance cover for the parishes of Stoke Gifford and Winterbourne shall be taken over by the County, who will also provide cover for all except emergency work in the parishes of Mangotsfield Rural, Pucklechurch and Wick and Abson.

Stations.

During the year some progress has been made in improving the condition and siting of certain Ambulance Stations, where previously unsatisfactory.

Where new or adapted accommodation is being provided, facilities are included for the garaging of a sitting case car.

Wotton-under-Edge.

The present accommodation is in a very bad state of repair and the owners, the Town Trustees, are anxious to remove the building. An adjacent site has been selected and approval given to the erection of a Station at a cost of £1,400-£1,500 (exclusive of site works at the rear of the Station.)

Stroud.

Adaptations have been carried out at this Station at a total cost of £1,775 12s. 6d.

This Station was in a dilapidated state, with consequent damage to vehicles and discomfort to personnel.

Cirencester.

The erection of a three-bay Station on the County Council site at Love Lane, Cirencester, at a cost of £1,850-£1,900 will enable an additional ambulance and a car to be provided in this area, and will dispense with the present inadequate accommodation at the Wharf, Cirencester.

Vehicles.

Ambulances.

Details of the work done by ambulances during 1950 is given in Appendix " B ". The vehicles are giving satisfactory service. Various adaptations and improvements are recommended from time to time and included in new models and, in most cases, in the standard specification. Among these improvements are the provision of arm rests for sitting cases, roof hook for blood transfusion bottle, additional cupboard for equipment, cab in addition to body interior heating, improved windscreen wiper equipment and oversize tyres. New vehicles are now being fitted with an improved type engine.

The new Bedford 30 cwt. vehicles average 16 miles to the gallon and the tyre life averages 15,000. In 650,000 miles covered by these vehicles there has been no instance of mechanical breakdown, due to the daily maintenance of the drivers and routine inspection by workshops. During 1950 the cost of petrol and tyres has increased.

Sitting Case Cars.

The work done by County sitting case cars during 1950 is given in Appendix " C. "

The use of Ambulance Service sitting case cars is gradually extending. This type of vehicle forms an intermediate method of transport between the ambulance and the car case, at present covered by the Hospital Car Service. The use of cars wherever possible instead of ambulances effects great economy.

Modifications and improvements are constantly being incorporated and the three-door type of vehicle is being adopted by other Ambulance Services. These vehicles average 26 miles to the gallon. In one instance tyres were not renewed until 34,000 miles.

Workshops.

The workshops are housed in Winchcombe Street, Cheltenham, in premises jointly occupied by the Police, Fire Service and County Architect's Department. The following is a summary of work done :

	Vehicles.					
Routine inspections	256
Minor repairs	1,055
Major repairs or thorough overhaul	38
Re-painting	3

Train travel.

During the year 1949 nine cases and during 1950 ninety-four cases were moved by this method.

The saving in vehicles and cost is considerable. The chief features of this method of transport in a stretcher case are :—

- (a) Stretcher by local Ambulance Service from home to nearest railhead.
- (b) Reserved compartment with same stretcher and equipment arranged for patient.
- (c) Special attendant all the way.
- (d) Met by appropriate Ambulance Service at junction change or destination station.
- (e) To final address on same stretcher by Ambulance Service.

In journeys over long distances it is more comfortable, and quicker and retains vehicles within the County.

The British Railway Executive personnel have given valuable co-operation.

*Personnel.**Voluntary Personnel.*

Assistance given by voluntary personnel during the year has not increased. 30 members of the British Red Cross Society undertake voluntary night shift work at the Stroud Control Station and some assistance has been given at Cirencester and Patchway. Members of the Voluntary Societies have also acted as attendants on train journeys.

Training.

The British Red Cross Society and St. John Ambulance Brigade have undertaken the first aid training of ambulance personnel within their normal class syllabus and the help has been invaluable.

Further courses of lectures have been given to all ambulance personnel on mechanical transport care and maintenance of vehicles, administration, etc.

*Communications.**Radio.*

Two of the ambulances have been equipped with radio for six months and have been utilised to form the basis of a report on the advantage or otherwise of the use of radio in ambulance work.

There is no doubt that the use of radio on ambulances is a great advantage. It has been possible to divert an out-going or returning vehicle to a second case, saving mileage and time. It has also been possible to keep a vehicle employed without returning to its Station, achieving economy in time and manpower. In several instances the two radio vehicles have been diverted to emergencies occurring within easy reach of the moving vehicle. It cannot be said that the equipping of a small number of vehicles with radio is likely to achieve much saving in vehicle strength in a County area, as Gloucestershire is covered with a minimum number of vehicles at wide points. It does, however, appear probable that the mileage is likely to be lessened as the number of vehicles equipped with radio is increased.

Hospital Car Service.

The total number of cases carried and mileage covered by the Hospital Car Service during 1950 is given in Appendix "D".

Tribute must be paid to Miss J. V. Scott, Hon. County Organiser of the Hospital Car Service and her staff, who do a great deal of work in recruiting drivers, attending to their requirements and checking claims. Valuable work has also been done by the drivers, often at personal inconvenience and special mention must be made of the Area Transport Officers who undertake much voluntary clerical work and accounting.

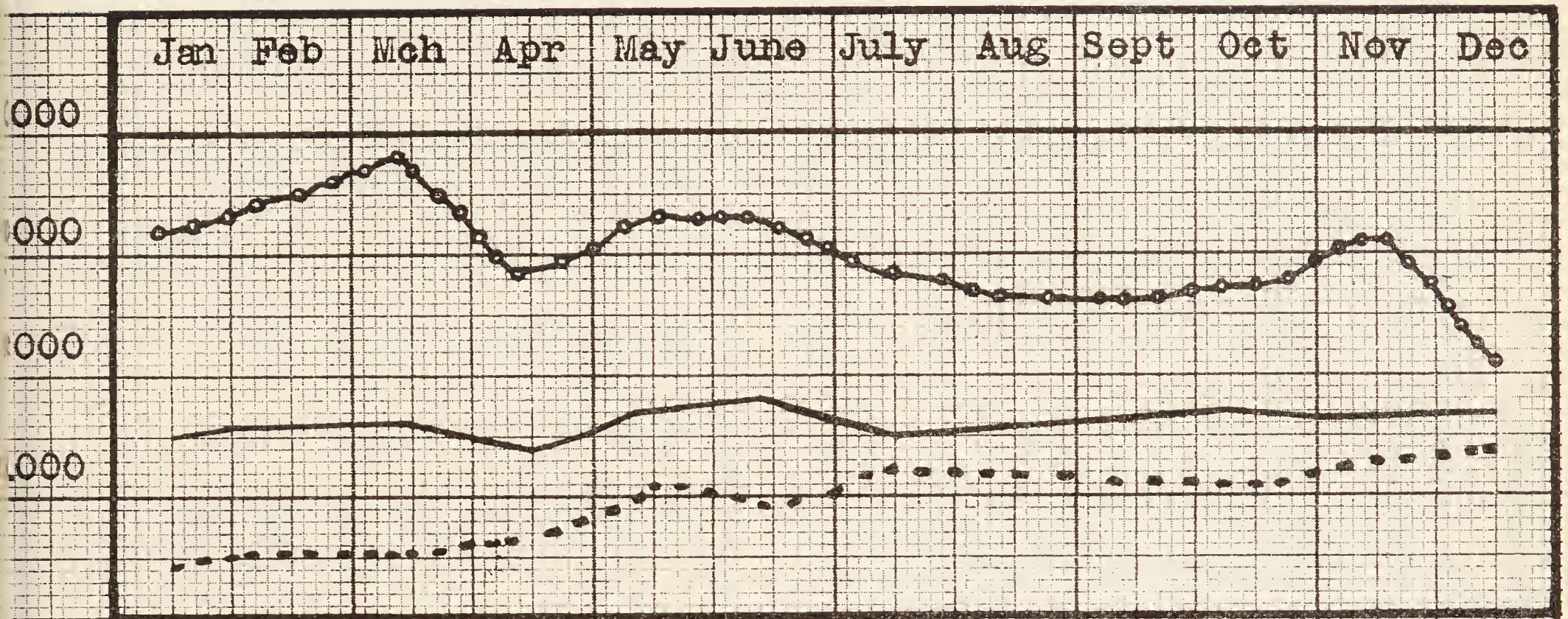
The cases handled are not always easy and the time spent at hospitals or clinics is sometimes long, but the uncomplaining way in which this work has been done by these voluntary drivers is worthy of the highest praise. The greatest effort is made both by the Ambulance Service Superintendents, by whom all requests are received, and the Area Transport Officers, to achieve complete co-operation and co-ordination of transport and to ensure that car transport shall not be unduly wasted or duplicated and that the mileage done is kept to the minimum requirements of each case.

General.

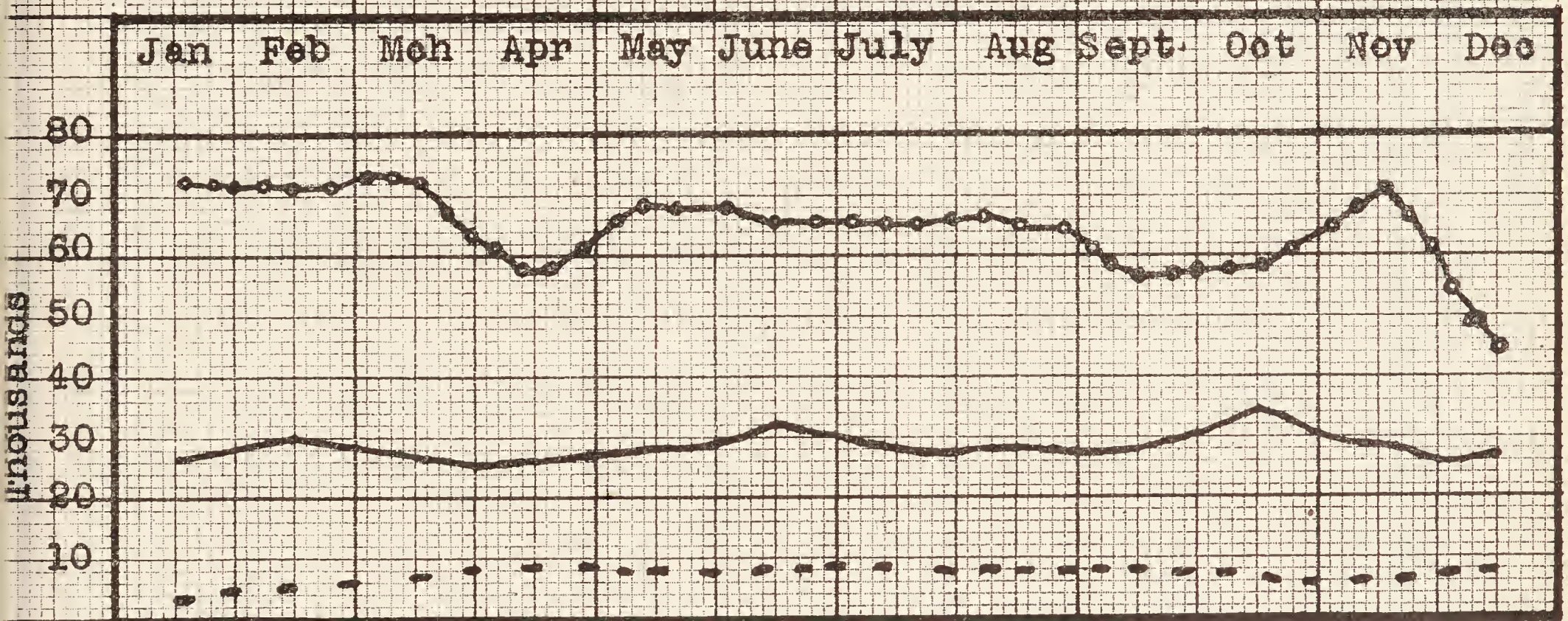
The County Ambulance Officer was a member of the Ministry of Health Committee which has met to formulate recommendations for unifying conditions of service for Ambulance personnel, and their post-entry training.

COUNTY AMBULANCE SERVICE

Cases Carried during 1950



Mileage during 1950



AMBULANCES

SITTING
CASE CARS

HOSPITAL CAR
SERVICE

COUNTY AMBULANCE SERVICE

AMBULANCES

Station	No. of Patients Carried					No. of Journeys (f)	No. of Emergencies (g)	Mileage (h)	Petrol (i)
	Accidents (a)	Illnesses (b)	Maternity (c)	Others (d)	Total (e)				
Berkeley ...	50	341	50	169	610	486	179	16,667	1,024
Cheltenham ...	462	868	304	4,723	6,357	6,029	558	56,686	4,261
Chipping Sodbury ...	118	358	55	207	738	639	306	18,413	1,144
Cinderford ...	144	302	110	459	1,015	799	503	23,724	1,840
Cirencester ...	85	336	37	423	881	819	269	16,444	1,019
Coleford ...	135	274	66	410	885	643	346	20,302	1,326½
Dursley ...	58	243	40	515	856	774	259	25,792	1,696½
Lydney ...	110	294	67	347	818	710	239	19,055	1,229
Moreton ...	82	278	46	160	566	549	254	23,639	1,451
Newent ...	68	173	41	243	525	495	226	13,996	980
Northleach ...	61	220	16	177	474	474	72	18,731	1,082½
Patchway ...	239	672	137	381	1,429	1,162	660	20,039	1,410
Stroud ...	211	448	201	1,749	2,609	2,426	603	40,587	2,729
Tewkesbury ...	73	257	54	715	1,099	1,099	194	18,849	1,210
Wotton-under-Edge ...	42	261	51	105	459	351	188	15,406	935
TOTALS ...	1,938	5,325	1,275	10,783	19,321	17,455	4,856	348,330	23,337½

SITTING CASE CARS

Station	No. of Patients Carried					No. of Journeys (f)	No. of Emergencies (g)	Mileage (h)	Petrol (i)
	Accidents (a)	Illnesses (b)	Maternity (c)	Others (d)	Total (e)				
Cheltenham ...	19	66	27	8,636	8,748	7,304	13	36,516	1,689
Cinderford ...	66	53	21	565	705	495	135	18,297	722
Coleford ...	—	4	4	51	59	34	6	1,634	61
Patchway ...	101	189	1	207	498	423	146	7,501	677½
Stroud ...	40	54	61	1,279	1,434	1,393	88	17,171	759
TOTAL ...	226	366	114	10,738	11,444	9,649	388	81,119	3,908½

HOSPITAL CARS

Area	No. of Journeys		No. of Patients	Mileage
Cheltenham	4,513	95,812
Chipping Sodbury	2,259	47,188½
Cirencester	2,319	79,548
Dursley	2,315	51,004
Gloucester and Newent	1,347	35,026
North Cotswolds	1,824	60,797
Northleach	650	21,944
Stroud	6,167	116,649½
Thornbury	3,677	54,799
Warmley	3,406	52,540
West and East Dean	7,935	148,653½
Wotton-under-Edge	585	16,504
TOTAL	36,997	780,465½

(VIII) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

I. TUBERCULOSIS

Summary of formal notifications during the year :—

			Number of Primary Notifications of New Cases of Tuberculosis													
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Age Periods																
Respiratory, Males	-	1	3	5	7	21	30	53	28	34	16	9	-	207
Respiratory, Females	-	-	1	-	9	32	22	48	36	15	1	4	-	168
Non-Respiratory, Males		..	-	2	5	13	3	2	-	-	3	1	-	-	-	29
Non-Respiratory, Females		..	-	2	5	8	7	5	6	5	6	1	-	1	-	46

New cases coming to knowledge during the year otherwise than by formal notification :—

Source of Information			Number of Cases in Age Groups												T otal	
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-		75-
Death Returns from Local Registrars	Respiratory	M	-	-	-	-	-	-	-	1	-	1	2	1	2	7 (A)
	„	F	-	-	-	-	-	-	-	-	-	3	1	-	-	4 (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	1	1	-	2 (C)
	„	F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Death Returns from Registrar-General (Transferable deaths)	Respiratory	M	-	-	-	-	-	-	-	1	-	-	-	-	-	1 (A)
	„	F	-	-	-	-	-	-	-	-	-	2	-	-	-	2 (B)
	Non-Respiratory	M	-	-	-	1	-	-	-	-	1	-	-	-	-	2 (C)
	„	F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Posthumous Notifications	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (A)
	„	F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)
	„	F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
“ Transfers ” from Other Areas (excluding transferable deaths)	Respiratory	M	-	-	-	1	-	-	3	6	5	2	-	1	-	18 (A)
	„	F	-	-	-	-	-	2	1	5	3	-	-	-	-	11 (B)
	Non-Respiratory	M	-	-	-	2	-	-	-	1	-	-	-	-	-	3 (C)
	„	F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Other Sources	Respiratory	M	-	-	-	-	1	-	1	-	1	-	1	-	-	4 (A)
	„	F	-	-	-	-	-	-	1	2	1	-	-	-	-	4 (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	1	-	-	-	-	1 (C)
	„	F	-	-	-	-	-	-	1	1	-	-	-	-	-	2 (D)
TOTALS			(A)				30	(B)				21				
			(C)				8	(D)				2				

The review of the tuberculosis registers commenced in 1949 was continued and checks made with the district medical officers and the health visitors to ensure that no person who had left the County or who had died was still included. The results are detailed in the following table which shows the cases removed during the year.

Reason						Pulmonary	Non-Pulmonary	Total
(a)	Withdrawal of notification	..	..			17	11	28
(b)	Recovery	..	..	..	..	187	130	317
(c)	Death	..	..	..	..	249	36	285
(d)	Left County or no trace	..	..	..	..	361	152	513

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 3,404 (2,619 pulmonary, 785 non-pulmonary), as compared with 3,923 (2,915 pulmonary, 1,008 non-pulmonary) at the 1st January.

There were forty-five fewer new cases in 1950 than in 1949 and there was also a reduction in the number of deaths from 165 to 124 as will be seen in the following table which shows the mortality figures for the years 1945 to 1950:—

Age Period	1945		1946		1947		1948		1949		1950	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year ..	—	9	1	1	1	2	—	4	—	1	—	—
1–5 years ..	1	6	—	6	1	3	1	10	1	6	—	5
5–15 years ..	2	4	3	8	—	7	2	4	1	1	—	3
15–45 years ..	115	18	113	13	113	16	121	5	74	9	56	3
45–65 years ..	53	4	49	4	37	5	47	4	43	6	40	1
65 years and over	16	2	12	3	11	1	16	1	22	1	14	2
TOTALS	187	43	178	35	163	34	187	28	141	24	110	14
	230		213		197		215		165		124	

REPORT BY F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P., CHEST PHYSICIAN.

The Mortality Rate for 1950 shows that we have shared in the remarkable fall that has occurred generally and is almost certainly due to the vigorous use of the drugs streptomycin and para-aminosalicylic acid both in sanatorium and ever-increasingly in domiciliary treatment. Many cases are now fully treated at home. As the number of available beds increases and deaths decrease a "vicious circle of success" will be set up and the improvement in mortality figures should be maintained.

Notification rates are hardly likely to fall for a considerable time. On the contrary there is every expectancy of an increase as Mass Radiology on a full-time basis discovers many unsuspected cases. Energetic widespread mass X-ray examinations in the Forest, Stroud and Tewkesbury areas might be especially revealing. Whereas notification of pulmonary cases is probably carried out effectively (because the great majority come through the Chest Clinics and are notified automatically) there may well be an inadequate notification of non-pulmonary cases, especially of cervical adenitis.

It is pleasant to record the comments of the District Medical Officer of Health and the local family physician of the marked improvement in the tuberculosis position in Lydbrook; credit is probably due to vigorous re-housing.

B.C.G. vaccination was carried out on a few urgent cases only in 1950. In fact geographical complexities and limited facilities necessitated a complete re-organisation of the whole contact system and this began to take place in the latter part of the year. Standardised tuberculin-testing techniques were introduced; and at three centres, Gloucester, Cheltenham and Stroud, regular Clinics for this purpose were added to carry out B.C.G. vaccination and tuberculin testing; these are used to teach selected health visitors from the remoter areas so that they can perform and interpret the preliminary tests on their own. The health visitor has also been given a major share in the responsibility of observing the health of the tuberculin-positive child contact and a scheme of close co-operation with the family doctor has been instituted. These special Clinics are also being used to instruct school nurses in the performance and interpretation of these tests preparatory to school surveys to be linked up with mass radiology.

In 1950 there were approximately 2,450 contact attendances.

Periodic crises in the supply of X-ray films are extremely damaging to all anti-tuberculosis work. Even with our usual supplies, our work has been hampered especially by the inadequate facilities available at Gloucester and Stroud.

A recurrent problem is that of infectious tuberculosis in pupils, and school-teachers; it occurs often enough to be worrying, though no evidence of school epidemics has yet arisen. It is indeed but part of the general problem that while we can by community mass radiology determine the victims in a recoverable phase of disease, we can do little to discover or control the chronic sources of infection, and the most elementary methods of tuberculosis prevention remain beyond our grasp.

Voluntary Care Committees are functioning for each main area and are extremely useful both for extra help to the needy families and for their influence on the local community in spreading interest in the control of the disease. The officers of the National Assistance Board have been exceedingly helpful and there is in general a most satisfactory liaisonship between them, social worker and health visitors in dealing with the difficult problems.

Anti-tuberculosis work involves so many people that it is appropriate to record one's gratitude to those people whose work has been so greatly increased by modern domiciliary treatment—the district nurses, home helps and Hospital Car Service. I rely greatly on my clerical staff for the complex organisation of liaison and it is right to record the recent comment of a visiting administrator that they were not only keen on their work but had a very real sense of the significance of it.

A table is appended analysing the new notified cases in 1950 who were handled at the Chest Clinics in the North Gloucestershire Clinical Area.

ANALYSIS OF CASES OF TUBERCULOSIS DIAGNOSED AND NOTIFIED IN THE
CHEST CLINIC SERVICE IN 1950.

	Miliary and Meningeal	Abdominal Ortho- paedic and Cervical Glands	Hilar Adenitis Pleural Effusion	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis
Total Cases Handled=239	4	12	24	61	101	37
<i>Analysis of these :—</i>						
(1) Diagnosed on Contact Examination	—	—	3	11	4	1
(2) Diagnosed from Mass X-ray Service ...	—	—	—	7	16	—
(3) Referred by General Practitioners	1	10	10	26	58	26
(4) Referred from Other Sources ...	3	2	11	17	23	10

ANCILIARY SERVICES.

Provision of Extra Nourishment.

The scheme for the supply of free milk to persons suffering from active tuberculosis continued and on the 31st December 452 such supplies were in issue compared with 488 on the 1st January. Very few applications had to be refused on account of the family income being in excess of the scale allowed.

Provision of Shelters.

At the end of the year 32 shelters were on loan to patients.

2. MASS RADIOGRAPHY UNIT

This unit is shared with Bristol City and parts of Somerset and is provided by the Regional Hospital Board.

	Male	Female	Total
<i>Miniature Films</i>	5,337	3,756	9,093
<i>Large Films.</i> Normal	171	79	250
Did not attend	22	17	39
Significant Cases	160	93	253
Total Recalled	353	189	542
<i>Clinical Examinations</i>			
ANALYSIS OF SIGNIFICANT CASES—			
<i>Non-Tuberculous Conditions</i>			
Abnormality Bony Thorax	10	4	14
Abnormality Bony Thorax & Emphysema	1	—	1
Emphysema	2	1	3
Bronchitis and Emphysema	4	1	5
Bronchitis & Emphysema with probable bronchiectasis	—	1	1
Broncho pneumonia	1	—	1
Pneumonia	1	—	1
Resolving pneumonia	1	—	1
Bronchiectasis	11	9	20
Pneumoconiosis	22	—	22
Pneumoconiosis with tubercle	1	—	1
Basal Fibrosis	3	1	4
Old pleurisy	2	—	2
Pleural thickening	6	2	8
Old Empyema	1	—	1
Retro-sternal thyroid	1	—	1
Intra-thoracic New Growth	1	—	1
Enlarged heart	1	—	1
Congenital heart disease	—	1	1
Rheumatic Carditis	1	1	2
Dextrecardia	1	—	1
Acquired Cardiac Lesion	2	2	4
Mitral Lesion	1	—	1
Diaphragmatic hernia	—	1	1
Eventration of diaphragm	2	—	2
Abnormality of diaphragm	1	—	1
Collapsed lower lobe	1	—	1
Enlarged lobe of thyroid	—	1	1
Old War Wound	1	—	1
Foreign body in chest wall	1	—	1
Total	80	25	105

Tuberculous Conditions	Male	Female	Total	N.A.	Disposal		
					Dr.	Disp.	San.
<i>Active</i>							
Active Primary Lesions :							
(a) With symptoms ...	—	1	1	—	—	1	—
(b) Without symptoms ...	—	—	—	—	—	—	—
Post-primary unilateral :							
(a) With symptoms ...	5	8	13	—	—	6	7
(b) Without symptoms ...	5	11	16	—	—	12	4
Post-primary bilateral :							
(a) With symptoms ...	10	7	17	—	—	8	9
(b) Without symptoms ...	2	1	3	—	—	2	1
Tuberculous pleural effusion	1	—	1	—	—	1	—
Total	23	28	51	—	—	30	21
<i>Inactive</i>							
Inactive primary lesion ...	14	15	29	18	4	7	
Inactive post-primary lesion	40	20	60	17	15	28	
Total	54	35	89	35	19	35	

Under observation : 3 male, 5 female.

SIGNIFICANT CASES

				Under 15	15/24	25/34	35/44	45/59	60 & over	TOTAL	Previously detected
ACTIVE TUBERCULOSIS											
Male	...	...	...	2	9	7	2	1	2	23	1
Female	...	...	...	1	14	7	2	3	1	28	—
INACTIVE TUBERCULOSIS											
Male	...	...	...	8	7	10	19	8	2	54	4
Female	...	...	...	11	12	7	4	1	—	35	1
TOTAL	...	...	...	22	42	31	27	13	5	140	6

3. GENERAL.

(a) *Home Nursing Equipment.*

The arrangements with the British Red Cross Society and the St. John Ambulance Brigade have continued whereby home nursing equipment is loaned from their sixty Loan Depots. The organisations provide the equipment and make small charges for the hire, but these charges are reduced or waived in necessitous cases. Grants towards the administrative expenses of the depots have again been made and the arrangements have worked smoothly.

During the year the British Red Cross Society loaned 746 articles and the St. John Ambulance Brigade 623. The articles in the greatest demand were :—

Air beds, air rings, bed cradles, bed rests, bed pans, crutches, feeding cups, invalid chairs, urinals and waterproof sheets.

(b) *Rest Homes.*

Arrangements were made for sixty-two patients in need of rest or recuperation to be admitted to Rest Homes. Most of the admissions were to the Clevedon Convalescent Homes and the Church Army Holiday Home, Weston-super-Mare.

(c) *Health Education.*

As a specific measure Health Education in isolation is a difficult and unwelcome subject to the recipient or rather to the person we hope will gain most by our efforts. During the year various members of the staff have continued to give talks and demonstrations on health subjects but very little propaganda by way of exhibitions has been undertaken.

The Southern Area Sub-Committee did, however, organise a Health Week which was held at the Page Institute, Staple Hill, as the main centre of effort with a subsidiary exhibition at the Youth Centre, Filton, and other special sessions at other halls in the area. This Exhibition was a co-operative effort between the local District Councils and the County Council and included exhibits and displays in connection with all the various branches of the Sanitary and Health Services. One of the features which created considerable interest was a Cavalcade of Nursing throughout the Ages which, by excellent co-operation, was put on show at the local cinema. The Mass Radiography Unit was in attendance but the number of the general public who attended any of these functions was disappointingly small.

The continued individual approach of the Health Visitors and other members of the Health Service continues to be the mainstay of Health Propaganda.

(IX) HOME HELP SERVICE.

Establishments and Appointments.

It was anticipated that further decentralisation would be necessary in 1950 as the Service became more widely known and used. Approval was given to the establishment of two additional Assistant Organisers to work in the Central Area and the Forest of Dean respectively, thus giving 6 Organisers to cover 8 Divisional Health Areas.

Training of Home Helps.

During the year training of Home Helps was undertaken, using the resources available within the County.

(1) The first Theoretical Course of 2 days duration was held at the Kingswood Urban District Council Offices, for Home Helps in the South of the County. 26 Home Helps attended. Lectures were given by County Council Staff and included the following subjects :—

- (a) Duties of the Home Help.
- (b) Household Management.
- (c) Cooking.
- (d) The Health Visiting Service.
- (e) District Nursing and Midwifery Services, etc.

Discussion and exchange of ideas between Home Helps and Speakers followed each talk.

(2) Arrangements were made with the Gloucestershire College of Domestic Science for a practical course to be held at the College on one day each week for twelve weeks. Lecturers on the College Staff gave practical and theoretical instruction in Cookery and Household Management. 20 Home Helps each week attended this course and worked in the College kitchens. The co-operation and interest of the College Staff was very much appreciated.

(3) A further Theoretical Course was held for two days in the Shire Hall and was attended by 125 Home Helps drawn from the North, East and West of the County. In addition to the lectures given in the first course, talks by a Nursing Officer of the Ministry of Health, the Secretary for the Blind, and a Consultant Gynaecologist, were included.

Home Helps were extremely keen to attend these Courses, which gave those in rural areas the opportunity of meeting other Home Helps and they benefitted greatly from the lectures and discussions which followed. The major problems in giving such training were releasing Home Helps from their work and arranging means of transport from the outlying districts.

Talks on the Home Help Service.

The County Organiser gave talks during the year at Meetings of the Women's Institutes and at the Health Visitors' Refresher Course at the Royal College of Nursing, London.

Comparative Figures.

	<i>June</i> 1949	<i>December</i> 1949	<i>June</i> 1950	<i>December</i> 1950
<i>No. of Home Helps :</i>				
Full Time	36	40	45	50
Part Time	220	360	430	515
<i>Hours of Assistance</i> ...	20,000	23,400	51,000	62,000

Terms of Appointment of Home Helps.

In order to attract the best possible type of domestic worker to this service, guaranteed wages were introduced for certain Home Helps, on the understanding that they would work in County Council Nurseries and Children's Homes between cases. Such Home Helps received the benefit of holidays with pay and sick pay under the terms of the County Council and National Joint Industrial Council for Local Authorities Non-Trading Services.

In rural areas guaranteed wages could not be offered where there was no Nursery or Children's Home in which spare hours could be worked, but holidays with pay were granted where Home Helps had worked continuously for a year or more.

General.

The areas of the County in which one Organiser was working in one Divisional Health Area showed definite improvement in the promptness with which home visits could be made, the supplying of sufficient help and in the standard of work done by the Home Helps, as the Organiser was able to give reasonably close supervision.

The two Organisers each responsible for two Divisional Health Areas were working under considerable difficulties and it is hoped to make two additional appointments in 1951 so that each area of the County should have the same standard of service.

It has been found more difficult to fulfil requests for help in homes where there is infectious tuberculosis than any other type of request because of the fear of infection, but nevertheless an average of 50 homes in this category each week were having domestic help.

Increasing numbers of requests for prolonged help were being received from permanent invalids and the aged not fit to be left alone. Usually only a small amount of domestic assistance would be required and the need for a Sitters-In Service to supplement the Home Help Service became increasingly obvious. Voluntary bodies are to be approached to ascertain whether there is any possibility of their help in solving this serious problem.

(X) MENTAL HEALTH.

I. ADMINISTRATION.

In June, 1950, the County Council approved a scheme whereby the whole of the domiciliary mental health functions of the Council could be co-ordinated. Formerly, the Duly Authorised Officers were also part-time Registrars of Births, Deaths and Marriages, but a revision of the registration scheme made it possible for four officers to be appointed as whole-time County Mental Health Officers, each with a separate area and attached to one of the Divisional Health Offices. This ensures that cases are dealt with promptly, particularly in relation to the admission of patients to Mental Hospitals. Each officer uses his own car, and to facilitate the maintenance of a 24-hour service a rota is kept under which a skeleton staff is on duty after ordinary office hours, at weekends and holiday periods. In this connection a new system of communication has been operating with the assistance of the County Ambulance Services. Each of the four Ambulance Control Stations is provided with the monthly rota of officers on duty and any person requiring the services of a duly authorised officer out of normal office hours, contacts the nearest Control Station which in turn transmits the message to the officer on duty. This method is working exceedingly well.

In addition to the four County Mental Health Officers, three other members of the Health Department staff have been duly authorised to take initial action under the Lunacy and Mental Treatment Acts and they are included in the rota system.

Arrangements were made for a course of instruction to be held for the benefit of the Mental Health staff and lectures on various aspects of mental health work were given.

Consideration has been given to the desirability of assisting wherever possible in the care and after-care of patients suffering from mental illness, and visits have been paid to all cases referred by the Military Authorities, Medical Superintendents of Mental Hospitals and Medical Practitioners. The visits, advice and assistance given to patients and former patients are of great value and in some cases have probably assisted in preventing a further mental breakdown and the necessity of in-patient

treatment. Close co-operation is maintained with Medical Practitioners, statutory bodies and appropriate social agencies.

The Medical Superintendents of the Mental Hospitals at Gloucester, Bristol and Oxford have expressed their willingness to refer patients for after-care. In addition, all General Medical Practitioners in the County have been informed of the services available and assistance has been given in a number of cases reported by them. It is hoped to develop this service still further, as it is recognised how important it is to bridge over the difficult period intervening between recovery and return to normal life, as well as encouraging the patient to seek treatment at an early stage.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Lunacy and Mental Treatment Acts 1890–1930.

Work undertaken by Duly Authorised Officers.

The Mental Health Officers, in their capacity as Duly Authorised Officers under the Lunacy and Mental Treatment Acts, are not only required to act upon those occasions when patients are ultimately admitted to Mental Hospitals, but experience shows that they are called upon to render assistance and advice in numerous instances when it is not immediately apparent which official agency should handle certain cases. Their work calls for a wide knowledge of the whole field of social service and their experience is of particular value in those “border-line” cases which do not seem to fit into any water-tight compartment of the Health Service.

Whenever an officer arranges a hospital admission he, at the same time, takes adequate steps to safeguard the patient's movable property, and as soon as possible afterwards renders a report to the County Welfare Officer, who is then responsible for subsequent action.

The following table shows the number of cases admitted from addresses within the County to mental hospitals during the year ended 31st December, 1950 :—

	<i>Horton Rd. and Coney Hill Hospitals Gloucester</i>	<i>Bristol Mental Hospitals</i>	<i>Stapleton Hospital Bristol</i>	<i>Other Hospitals</i>	Total
<i>Mental Treatment Act, 1930—</i>					
(a) Section 1 (Voluntary Patients)	233	130	—	1	364
(b) Section 5 (Temporary Patients)	14	2	—	—	16
<i>Lunacy Act, 1890—</i>					
(a) Section 16 (Certified Patients)	130	4	—	5	139
(b) Section 20 (3 Day Orders)	—	—	5	2	7
TOTAL	377	136	5	8	526

(b) Mental Deficiency Acts, 1913–38.

(i) *Ascertainment.*

Ascertainment figures continue to shew that the majority of new cases are those notified in accordance with the provisions of the Education Act, 1944, 57(3) and 57(5).

The Mental Health Sub-Committee on 1st January, 1951, were responsible for the care, control or supervision of 966 persons, classified under the following headings :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Cases reported by Local Education Authority (Section 57 Edn. Act, 1944) :—			
(i) Under Section 57(3)	21	15	36
(ii) Under Section 57(5)—			
On leaving special schools	—	—	—
On leaving ordinary schools	7	9	16
(b) Other ascertained defectives reported during 1950 and found to be “subject to be dealt with” ...	10	7	17
Total ascertained in 1950 “subject to be dealt with”	38	31	69
(c) Other reported cases ascertained during 1950 who were not at present “subject to be dealt with” ...	8	13	21
Total number of cases reported during the year ...	46	44	90

The total number of ascertained cases either “subject to be dealt with” or otherwise, and their distribution on 1st January, 1951, is given below :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
1. Ascertained Mental Defectives found to be “subject to be dealt with”—			
(a) In Institutions (including cases on licence therefrom)			
Under 16 years	38	45	83
16 years and over	164	183	347
(b) Under Guardianship (including cases on licence therefrom)			
Under 16 years	—	—	—
16 years and over	2	4	6
(c) In “places of safety”	—	—	—
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years	80	73	153
16 years and over	131	133	264
(e) Action not yet taken under any one of the above headings	8	6	14
Total “subject to be dealt with”	423	444	867
2. Mental Defectives not at present “subject to be dealt with” but over whom some form of voluntary supervision is maintained :—			
Under 16 years	6	3	9
16 years and over	38	52	90
Total number of mental defectives (1) plus (2) on 1st January, 1951	467	499	966
Comparative Totals, 1st January, 1950	462	468	930

36 cases were removed from the Register during 1950, 30 having died or removed to other areas, and 6 ceased to be under care for various reasons. Seventeen cases included in the above table were awaiting removal to Institutions at the end of the year.

The Sub-Committee has borne in mind the difficulties in obtaining vacancies at existing Institutions, and steps to secure vacancies have only been taken where there has been an urgent need for such action.

Petitions were presented and Orders obtained for 56 patients during 1950. Fifty-five were defectives belonging to Gloucestershire and one for another Local Health Authority. Five additional Gloucestershire cases were sent under an Order given by the Secretary of State in accordance with Section 9 of the Mental Deficiency Act, 1913.

The distribution of Gloucestershire cases in Institutions on 1st January, 1951, was :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Stoke Park Colony	136	209	345
Hortham-Brentry Group :			
Brentry Colony	41	—	41
Hortham Colony	3	3	6
St. Mary's Home	—	1	1
Rampton State Institution	9	6	15
Moss Side State Institution	—	1	1
Ashton House, Liverpool	—	1	1
Borocourt Institution, Oxon.	2	—	2
Pewsey Colony, Wilts.	1	3	4
Northleach Hospital	1	—	1
Royal Earlswood Institution	4	—	4
Royal Eastern Counties Institution	1	—	1
St. Theresa's Home, Lewisham	—	2	2
Sandhill Park Institution	2	1	3
Sandlebridge Institution	1	1	2
St. Lawrence's Hospital, Caterham	1	—	1
Total	202	228	430

(ii) *Supervision.*

The number of cases under supervision in their own homes increases year by year and was carried out during the first half of the year by two Mental Health Workers until the appointment of four County Mental Health Officers on 1st June, 1950, when it became possible to transfer the work of domiciliary supervision to them.

A much improved service is, therefore, now available and although it is not possible to make any set rule as to the frequency of home visits, where more frequent visitation is desirable this is carried out. During 1950 the total number of visits made in connection with supervision cases was 3,341. These visits are welcomed by the defectives' relatives, and the value of such supervision is enhanced because it overcomes, in some measure, the lack of institutional accommodation.

(iii) *Licence.*

As previously mentioned, the Council's Officers visit a number of cases on licence from Mental Deficiency Institutions, and their reports are forwarded to the Medical Superintendents. Appropriate steps are taken to ensure that any untoward development may be brought to light without delay. Generally, before licence is granted, a member of the Mental Health staff visits the proposed home to ascertain what the conditions are and the desirability, or otherwise, of granting licence.

In a considerable number of cases the County's Medical staff have given Special Reports and Certificates when required for the purposes of the renewal of Orders under the Mental Deficiency Acts.

(iv) *Guardianship.*

There are only six Guardianship cases, three of whom are under the care of the Brighton Guardianship Society. These cases are visited annually by Medical Officers in accordance with Article 76(1) of the Mental Deficiency Regulations, 1948. The circumstances are satisfactory in each case and, in two instances, it has proved possible to arrange for the defectives to attend Occupation Centres.

(v) *Occupation Centres.*

The Occupation Centre for the training of mental defectives at Warmley, near Bristol, was opened on 1st March, 1950, and has proved a very useful social service. At the end of the year there were 34 children in attendance and eventually the Centre will be able to admit up to 50 defectives of varying ages.

Arrangements have been made for the conveyance by motor coach of patients to and from their homes in the care of a Guide. A mid-day meal is supplied at the Centre, the necessary arrangements having been made through the School Meals Service. A small charge is made for such meals but, in cases where hardship is proved, these can be provided free.

Arrangements have been made for the periodic medical examination of patients attending the Occupation Centre and the Health Visitor calls at the Centre at least once a week.

(vi) *Home Training.*

Nine children are being visited by a Mental Health Worker who has given instruction in various handicrafts. As far as possible the children are seen in small groups at one of the homes and the visits are eagerly awaited and have already produced good results.

3. GENERAL.

The Mental Health Service has made considerable headway during the year but has not yet been fully implemented. There is much to be done in securing that all mental defectives are given the opportunity of developing such powers as they may possess by the opening of additional Occupation Centres. Where patients cannot attend for various reasons, e.g. physical handicaps, etc., a development of the Home Teaching services will be required.

The community care of persons suffering from mental illness is another aspect of the health services which requires further development. The extent of this problem is indicated by the fact that over one third of all hospital beds in the County are occupied by mental patients coming within the range of the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

3. NATIONAL ASSISTANCE ACT, 1948.

CARE OF HANDICAPPED PERSONS.

(a) BLIND.

The scheme for the Welfare of the Blind whereby the County Association for the Blind acts as agents for the County Council has continued to work smoothly. The activities of the Association during the year are outlined in the following report by the Secretary, Miss B. M. J. Saunders :—

Ascertainment.

The number of Blind Persons on the County Register in 1950 was 791, an increase of 29. These are classified as follows :—

AGE PERIODS OF REGISTERED BLIND PERSONS

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
Male ...	—	3	3	1	1	2	6	10	12	21	43	28	25	30	156	341
Female ...	—	—	—	1	1	3	2	4	14	8	17	45	36	48	271	450
Total ...	—	3	3	2	2	5	8	14	26	29	60	73	61	78	427	791

AGE AT ONSET OF BLINDNESS

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
Male ...	36	3	6	1	3	13	9	11	32	24	35	37	24	26	81	341
Female ...	32	3	—	—	—	17	10	3	14	20	45	58	40	51	157	450
Total ...	68	6	6	1	3	30	19	14	46	44	80	95	64	77	238	791

Included in the above are the following :—

In Sunshine Homes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
In Special Schools ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12
Employed in Blind Workshops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Employed as Home Workers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15
Cheltenham Home ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21
Other Homes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—
Part III accommodation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16
Mental Hospitals ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Mental Deficiency Institutions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Chronic Wards of Hospitals ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19

Home Teaching Service.

Two student Home Teachers were appointed in May and will sit for the College of Teachers' Examination in July, 1951. These appointments brought the number of Home Teachers to six. The Student Health Visitors accompanied the Home Teachers on some visits during the Winter months, thus enabling them to see the services available to the blind.

During the year the Home Teachers paid 9,266 visits to the Blind in their own homes and gave 420 lessons in reading embossed literature and in handicrafts in addition to the handicraft class.

Ellerslie, Albert Road, Cheltenham.

This Home provides accommodation for five men and sixteen women and has been fully occupied during the year.

Home for Infirm Blind.

Ferney Hill, Dursley, was purchased by the Gloucestershire County Association for the Blind after the premises had been approved by the Ministry of Health. It is hoped that 22-24 people with an additional infirmity to blindness will be accommodated. The furnishing and maintenance will be the responsibility of the County Council.

Employment.

Two more blind men were placed in sighted industry, and the Placement Officer of the National Institute for the Blind paid several visits during the year. He has done valuable work inspecting factories where blind operatives might be employed. One blind man was employed in the Remploy Factory in the Forest of Dean.

Workshops.

A blind man who had been working in a sighted factory had to leave his employment owing to deafness which has rendered him totally unable to hear. He was working in the basket shop before the War. There has been no difficulty in keeping the employees fully occupied during the year.

The premises in Winchcombe Street, Cheltenham, are unsatisfactory but as the number of persons requiring special workshops is becoming less it has not yet been decided to find better accommodation.

Clubs.

Social clubs are held at Almondsbury, Cirencester, Cinderford, Cheltenham, Kingswood, Stroud and Wotton-under-Edge. There is also a weekly Handicraft Class at Cirencester.

Home Workers.

Seventeen Home Workers are employed in basketmaking, machine knitting, mat making, shoe repairs, shopkeeping.

(b) DEAF.

The Council's scheme for the care of the Crippled and Deaf and Dumb under Section 29 of the Act of 1948 was submitted to the Minister of Health in February, but the Council was informed that the question of the provision of welfare services for handicapped persons other than the Blind or Partially-Sighted was under consideration by committees of the Minister's Advisory Council. The Minister was not, therefore, able to approve the scheme.

Contributions were made to the Bristol and Gloucester Diocesan Associations for the Deaf as in previous years.

The following summary shows the number of deaf persons ordinarily resident in the County on the 31st December, 1950, who were known to the Associations.

<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
111	96	86	293

(c) CRIPPLES.

Negotiations were continued with the Gloucestershire Community Council and it was agreed that the Community Council's Committee for the care of the Physically Handicapped should act as the County Council's agents for the Welfare of the Cripples in accordance with Section 29 of the Act. In return for these services the County Council made a grant in reimbursement of the salary and travelling expenses of the Secretary-Organiser and for the necessary clerical assistance and administrative expenses.

The following details of some of the work carried out during 1950 have been supplied by the Secretary-Organiser, Miss D. M. Mills.

One hundred and fifty-eight persons were added to the register during the year, making a total of 645. Help was given in arranging for the supply and loan of invalid chairs, the supply of boots, calipers, artificial limbs, crutches and walking bars, bedding, clothing, tools, medical comforts, etc. Patients were also assisted with applications for national assistance grants and arrangements made for help to be given through State organisations and local authorities' services, such as the Home Help Service. Sales of hand-made goods amounted to £231 and orders for outworkers were taken for book-binding, dressmaking, knitting, leatherwork, printing and rugmaking. Handicapped children are now able to join special companies of Rangers, Guides, Scouts and Cubs which have been formed in the County.

SECTION C.

DISEASES

1. Infectious Diseases

The notification of infectious diseases received during the year are set out in Table II at the end of this Report.

(a) *Diphtheria.*

The number of cases notified was four compared with 15 in 1949 and is the lowest on record. The number notified from urban areas was one and from rural areas three. There was one death in the 15-45 age group.

(b) *Scarlet Fever.*

The total number of notifications of scarlet fever in the County during 1950 was 695 as compared with 511 in 1949 and an average of 643 over the previous ten years. The cases were distributed between urban and rural districts as follows: Urban, 285; Rural, 410. The districts most affected were Stroud Urban (87), Kingswood Urban (78), Cheltenham M.B. (53), Mangotsfield Urban (34), Stroud Rural (69), Sodbury Rural (66), Gloucester Rural (55), Thornbury Rural (36), Cheltenham Rural (33), and East Dean Rural (31). The disease was mild and there were no deaths.

(c) *Measles.*

There were 4,355 cases notified during the year, as compared with 3,716 in 1949. There was one death.

(d) *Whooping Cough.*

The number of cases notified was 1,964 as compared with 667 in 1949. There were four deaths as compared with two in 1949.

(e) *Pneumonia.*

There were 244 cases of pneumonia notified in 1950 as compared with 247 in 1949. Of these, 64 occurred in urban districts and 180 in rural districts. One hundred and thirty deaths were recorded as compared with 176 in 1949.

(f) *Gastro Intestinal Diseases.*

One case of Typhoid Fever was notified during the year. Four cases of Paratyphoid were reported. One hundred and fifty-one cases of Dysentery were reported as compared with 39 in 1949, 60 in urban districts and 91 in rural districts. The increase in notification of Dysentery is common

throughout England and Wales. Whether there is a real increase is open to doubt but there is undoubtedly better ascertainment. Formerly many an attack of diarrhoea and vomiting was looked upon as a normal part of life, now medical aid is more often sought and notification follows with an attempt to find the cause.

(g) *Diseases of Central Nervous System.*

The number of cases of Anterior Poliomyelitis notified was Paralytic 81 ; Non-Paralytic 42, and included nine deaths. There were two cases of Acute Polioencephalitis. No case of Encephalitis Lethargica was notified. One case of Cerebro-Spinal Fever was notified as occurring in Thornbury Rural District.

The following is a table showing the number of cases of Anterior Poliomyelitis in the respective Sanitary Districts :—

Sanitary District						No. notified	
						<i>Paralytic</i>	<i>Non-Paralytic</i>
Boroughs :							
Tewkesbury	...	...	...	...	...	2	4
Cheltenham	...	...	...	...	...	6	18
Urban :							
Charlton Kings	...	...	...	...	...	1	—
Cirencester	...	...	...	...	...	4	2
Kingswood	...	...	...	...	...	3	—
Mangotsfield	...	...	...	...	...	7	—
Nailsworth	...	...	...	...	...	—	—
Stroud	...	...	...	...	...	—	2
Rural :							
Cheltenham	...	...	...	...	...	3	2
Cirencester	...	...	...	...	...	2	1
Dursley	...	...	...	...	...	9	—
East Dean	...	...	...	...	...	2	—
Gloucester	...	...	...	...	...	2	—
Lydney	...	...	...	...	...	5	2
Newent	...	...	...	...	...	3	—
North Cotswold	...	...	...	...	...	2	3
Northleach	...	...	...	...	...	—	1
Sodbury	...	...	...	...	...	14	5
Stroud	...	...	...	...	...	2	—
Tetbury	...	...	...	...	...	—	—
Thornbury	...	...	...	...	...	8	1
Warmley	...	...	...	...	...	5	1
West Dean	...	...	...	...	...	1	—
Totals						81	42

Fifty-eight school children were followed up and only six were left with any degree of paralysis. Of the children under school age only one had any severe degree of paralysis.

The corrected notification rate for Acute Poliomyelitis (paralytic) was 0.19 per 1,000 population as compared with 0.13 for England and Wales and 0.09 (non-paralytic) as compared with 0.05 for England and Wales. The death rate was 0.02, which is the same as for England and Wales. These figures suggest that either the disease was milder in Gloucestershire or there was better notification, or more cases were notified on suspicion and the diagnosis not corrected. Whatever the reason for the lower degree of severity of the disease, it was realised that as a County we had a relatively high prevalence of the disease, particularly in the areas on the outskirts of Bristol, apart from a local relatively short and sharp increase in prevalence of a group of 11 non-paralytic cases in Cheltenham. This group of cases occurred in July whereas there had only been six cases notified throughout the county in the preceding six months.

From the beginning of August to the middle of November cases were notified each week, again spread throughout the county with the chief incidence in Thornbury, Dursley, Warmley and Sodbury Rural Districts and Mangotsfield Urban District.

Some contact infections were traced but no clue to the method of spread was discovered. Diphtheria Immunisation was stopped in those areas where there was a higher incidence and Ear, Nose and Throat Surgeons stopped admitting cases to hospitals for tonsillectomy.

2. Cancer.

The following are the deaths from Cancer in the area by age distribution. The figures shown are the aggregates of Urban and Rural areas.

<i>Age Group</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 year	...	...	...	1	—	1
1-5 years	...	...	...	—	—	—
5-15 years	...	...	...	2	2	4
15-45 years	...	...	...	22	19	41
45-65 years	...	...	...	279	234	513
65 years and over	...	...	...	99	121	220

Details as to the sites of the disease are given in Table III at the end of this Report.

3. Malignant Diseases.

I am obliged to Major L. Leyland, the Records Officer of the Regional Cancer Records Bureau, for the following statistics which are of particular interest.

Abstracted Statistical Report for 1950, showing cases of Cancer occurring in Gloucestershire.

(a) Cases registered with the Cancer Bureau in 1950—546.

Main Diseases.

Malignant Growths of :—

Lip	..	..	..	..	..	..	..	7
Tongue	..	..	..	..	..	..	..	11
Salivary Glands		..	..	..	..	..	..	4
Mouth	..	..	..	..	..	..	..	4
Larynx and Pharynx			..	..	..	..	..	9
Oesophagus		..	..	..	..	..	..	8
Stomach	..	..	..	..	..	..	..	36
Colon	..	..	..	..	..	..	..	37
Rectum	..	..	..	..	..	..	..	36
Liver	..	..	..	..	..	..	..	5
Pancreas	..	..	..	..	..	..	..	4
Bronchus	..	..	..	..	..	..	..	35
Breast	..	..	..	..	..	..	..	110
Cervix	..	..	..	..	..	..	..	20
Uterus	..	..	..	..	..	..	..	18
Ovary	..	..	..	..	..	..	..	17
Vagina	..	..	..	..	..	..	..	9
Prostate	..	..	..	..	..	..	..	14
Kidney	..	..	..	..	..	..	..	5
Bladder	..	..	..	..	..	..	..	26
Skin	..	..	..	..	..	..	..	85
Brain	..	..	..	..	..	..	..	3
Thyroid	..	..	..	..	..	..	..	2
Bone	..	..	..	..	..	..	..	2
Lymph nodes	..	..	..	..	..	..	..	6
Reticulo-Endothelial Diseases			..	..	..	..	..	12
Other Malignant Diseases			..	..	..	..	..	27
Total						..	..	546

(b) Survival table as at 31st December, 1950 of cases registered in 1945-46.

<i>Main Diseases.</i>					<i>Early</i>	<i>Late</i>	<i>Total</i>	<i>Alive</i>
Malignant Growths of :—								
Stomach	..	..	..	..	2	5	7	nil
Colon	..	..	..	..	6	7	13	4
Rectum	..	..	..	..	2	5	7	1
Breast	..	..	..	..	47	23	70	29
Lip and Mouth	..	..	..	..	1	5	6	2
Tongue	..	..	..	..	1	4	5	1
Buccal Cavity (not Pharynx)	..	..	..	..	10	7	17	7
Thyroid	..	..	..	..	—	1	1	nil
Bone	..	..	..	..	1	7	8	2
Bladder	..	..	..	..	—	2	2	nil
Liver and Gall	..	..	..	..	1	2	3	nil
Male Genital Organs	..	..	..	..	6	2	8	2
Skin	..	..	..	..	5	3	8	4‡
Rodent Ulcer	..	..	..	..	19	2	21	15‡
Melanoma	..	..	..	..	4	—	4	1
Malignant Growths of :—								
Lung	..	..	..	..	—	11	11	nil
Larynx and Pharynx	..	..	..	..	7	4	11	1
Oesophagus	..	..	..	..	—	8	8	nil
Cervix Uteri	..	..	..	..	4	7	11	2
Uterus	..	..	..	..	5	3	8	4
Vulva and Vagina	..	..	..	..	—	3	3	1
Ovary	..	..	..	..	2	10	12	3
Reticulo-Endothelial Diseases	..	..	..	..	3	10	13	2
Other Malignant Diseases	..	..	..	..	—	5	5	1
Totals ..					126	136	262	82

‡ Deaths were for unrelated causes.

4. Venereal Diseases.

The following table shows the number of County cases coming under treatment during 1950 at the various treatment centres.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Bristol, Maudlin Street Clinic ...	12	6	98	116
Bristol, Southmead Hospital ...	2	—	4	6
Cheltenham General Hospital ...	30	34	37	101
Cirencester Memorial Hospital ...	1	2	25	28
Gloucester, Gloucestershire Royal Hospital	30	33	42	105
Oxford, Radclyffe Infirmary ...	—	2	3	5
Stroud General Hospital	7	—	23	30
	82	77	232	391

The figures for the past five years are given in the following summary :—

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
1946	100	257	442	799
1947	112	212	339	663
1948	112	153	292	557
1949	132	129	284	545
1950	82	77	232	391

5. Infectious Diseases Hospitals.

There is no change to report but the areas served by the respective hospitals now appears to be clarified. Patients in the North Cotswolds are admitted to Oxford or Banbury and occasionally to Swindon, except those from Bourton-on-the-Water who go to Over Hospital, Gloucester. From Cirencester patients go to Swindon and occasionally to Oxford. Those in the South of the County go to Ham Green Hospital, Bristol. The rest of the County known as the North Gloucestershire Clinical Area to be served by the Over Hospital, Gloucester. The facilities appear to be adequate.

SECTION D

SANITARY CIRCUMSTANCES OF THE COUNTY.

Water Supplies, Sewerage and Housing Schemes.

The following are extracts from the Reports of the District Medical Officers for the year 1950 :—

Urban Districts.

CHARLTON KINGS.

(a) *Water Supply.*

Twelve new houses and two existing houses were connected to the public water mains.

(b) Housing.

By the end of the year the number of urgent cases for re-housing had considerably decreased. Eighty post-war houses had been completed, 12 were under construction and tenders accepted for another 20.

CHELTENHAM BOROUGH.

(a) Rivers Pollution.

In the early part of the year and prior to the Rivers Board Act, 1948, when this matter ceased to be a responsibility of the Council, a survey of the River Chelt was made over a considerable distance. Representation was made to those responsible for polluting the water and an assurance given that everything possible would be done to overcome this trouble.

CIRENCESTER.

(a) Water Supply.

A further 100 houses were connected to the mains water supply.

(b) Housing.

Sixty-seven houses were completed of which 20 were Council houses ; 14 houses and a block of Old People's Dwellings were under construction at the end of the year. Ninety-three families were re-housed, bringing the total to 523 since 1946.

(c) Sewerage.

It is anticipated that the scheme for the completion of the new Trunk Outfall Sewer from Water-moor and of the disposal and reconstruction works at Shorncote will be completed during 1951.

KINGSWOOD.

(a) Water Supply.

Consideration was given to the extension of the water mains under the Rural Water Supplies Act, 1944, but these applications were unsuccessful.

(b) Housing.

There has been considerable development on Housing Estates and approximately 100 houses were erected by the Council during the year.

(c) Sewerage.

The main sewerage extensions were in connection with the development of housing estates. Small schemes were carried out on private property.

MANGOTSFIELD.

(a) Housing.

There is still an urgent need for more houses, although the majority of the very bad cases have been re-housed.

(b) *Drainage and Sewerage.*

Preliminary work on the extension of the sewers and outfall works, Moorend, has commenced and, also, the reconstruction of the works to accommodate the Chipping Sodbury rural area.

NAILSWORTH.

Housing.

Twenty-three houses were completed and occupied during the year, twelve were in the course of erection.

STROUD.

(a) *Water Supply.*

Four of the five samples of water taken from springs and wells proved unsatisfactory and, where classified as unfit for human consumption, steps were immediately taken to provide a main water supply.

Seven samples taken at regular intervals from the Stratford Park Swimming Pool were found to be satisfactory. The purity of the 385,000 gallons is maintained by a filtration plant designed to filter the whole contents in six hours.

(b) *Sewerage.*

Good progress was made on the new sewage disposal works enlarged trunk sewer.

TEWKESBURY BOROUGH.

(a) *Water Supply.*

Work is proceeding on the provision of a reservoir which it is anticipated will be completed by the middle of 1951.

There were 43 new connections made to the public main during the year.

During the year one house, previously dependent on a well supply, was connected to the main.

(b) *Sewerage.*

It is hoped that permission will be given for a new sewage works to be commenced shortly.

(c) *Housing.*

There were 41 new houses erected during the year and five licences, for private houses, have been allocated.

Rural Districts.

CHELTENHAM.

(a) *Water Supply.*

The Council's supply has been satisfactory both in quality and quantity—all the 24 samples taken proved satisfactory. Of 61 samples taken from private supplies only 52 were unsatisfactory and these reports were used to get the houses connected to mains.

(b) *Housing.*

The following table shows the number of houses completed during the year :—

Permanent Council houses	...	...	...	...	...	80
Permanent private enterprise	...	...	...	...	...	10
Bishops Cleeve Housing Association	...	...	...	...	...	52
Housing Units (former Camp Sites)	...	...	...	...	...	4
Cheltenham Corporation	...	...	...	...	...	175

(c) *Sewerage.*

With piped water supplies available sewerage schemes for the following areas become increasingly urgent—Staverton, Bishops Cleeve, Little Witcombe, Birdlip, Snowhill and Great Washbourne.

CIRENCESTER.

(a) *Water Supply.*

The parishes of Driffield and Harnhill were provided with a piped water supply and the scheme included the construction of a reservoir.

A public water main was laid in Maiseyhampton. The majority of the water samples taken proved satisfactory and appropriate action taken where necessary.

(b) *Housing.*

Sixteen Council Houses and six under licences were erected and 34 Council Houses and two private houses were in the course of erection at the end of the year.

(c) *Sewerage and Drainage.*

Work commenced on a sewerage scheme at Lechlade. The Fairford and South Cerney schemes are still under consideration by the Ministry of Health, as reported in 1949.

DURSLEY.

(a) *Water Supply.*

During the year 204 houses were connected to the Council's water mains and some extensions to existing mains were carried out.

(b) *Housing.*

128 houses were completed by the Council and 13 by private enterprise.

(c) *Sewerage.*

Preliminary work is proceeding for the extension of the Council's sewer at Sandpits, Dursley.

GLOUCESTER.

(a) *Water Supply.*

There were $6\frac{3}{4}$ miles of water mains extensions during 1950 and the Council has authorised a further $14\frac{3}{4}$ miles.

Water supplies are obtained from Cheltenham and Gloucester Joint Water Board reservoir at Churchdown where the supply is obtained from the River Severn with purification works at Tewkesbury, Witcombe reservoir and two pumping stations in the Newent Rural District. All supplies are sterilized and are perfectly satisfactory bacteriologically, although complaints have been received about the excessive hardness of the supplies from the Newent pumping stations.

The Parish of Eastington and a few houses in Frocester are supplied by the Stroud District Water Board.

(b) *Sewage Disposal.*

The proposed schemes for the parishes of Fretherne-with-Saul, Frampton-on-Severn and Eastington have not yet been started.

The main purification works at Longford continues to give satisfactory results in spite of the fact that the plant is now handling an overload of about 28 per cent.

NEWENT.

(a) *Water Supply.*

Three miles of mains extension were carried out during the year and a further $22\frac{1}{2}$ miles have been authorised.

All the water samples taken were satisfactory.

(b) *Well Supplies.*

Of the 33 analyses taken only 3 were satisfactory.

(c) *Housing.*

Twenty-three houses were erected during the year. The number of applicants for Council Houses during the year were 375.

(c) *Drainage and Sewerage.*

Thirty-seven new works were completed during the year and improvements were carried out to nine systems.

NORTH COTSWOLD.

(a) *Water Supply.*

It is anticipated that the scheme for providing every hamlet with a piped water supply will soon be completed. The majority of the reports on water samples have proved satisfactory.

(b) *Housing.*

Since the war the Council had built 246 houses and 76 were under construction. Re-housing of the hutted population continues.

(c) *Sewerage.*

The improvement in water supply aggravates the deficiencies of sewage disposal arrangements in many villages and the Council is proceeding with various schemes.

NORTHLEACH.

(a) *Water Supply.*

There were no changes in existing sources of supply during the year. Work commenced on the first part of the comprehensive water scheme at the Spring Heads at Bibury and Syreford, where pumping stations will be erected.

(b) *Housing.*

Twenty Council houses and one private enterprise house were erected. In addition 92 ex-service dwellings were taken over.

(c) *Sewage and Sewerage Disposal works.*

It is hoped that the scheme for Northleach will be in operation by the autumn of 1951. Three small plants were installed for the Council's houses at Withington, Andoversford and Whittington.

SODBURY.

(a) *Water Supply.*

A survey of the district showed that 88% of the houses were supplied with water from the mains and this will reach 90% as a result of recent schemes adopted. Mains extensions to Horton and Wick and Abson were approved by the Ministry of Health.

(b) *Sewage.*

The trunk sewerage scheme for the Winterbourne and Frampton Cotterell area is estimated to cost £533,372 and is now well advanced. It will include three sewage pumping stations at Iron Acton, Coalpit Heath and Hambrook.

STROUD.

(a) *Water Supply.*

The Stroud District Water Board are extending their supplies, but even where this is available, wells and springs are still being used in many instances. Occupiers are advised to obtain main supplies, particularly where samples of other water show pollution.

(b) *Sewerage.*

During the year 51 new connections to the main sewer were effected.

TETBURY.

(a) *Water Supply.*

Thirty-six water samples were taken and only one proved unsatisfactory.

A number of new connections were made to the main at Beverston.

The Stroud Water Board completed the laying of mains in Avening and Cherington—115 properties were connected by the end of the year.

(b) *Housing.*

Four new dwellings were completed and 51 building plans were submitted for approval, of which ten were for new houses.

THORNBURY.

(a) *Water Supply.*

Stage I of the Gloucester Corporation Water Scheme for providing mains water to the five northern parishes has proceeded with remarkable speed. The Right Honourable Aneurin Bevan performed the opening ceremony at Berkeley on the 10th October. Subsidiary mains will be laid where necessary to bring most properties within the range of this supply.

The Scheme for the Southern and Central areas has been approved in principle by the Ministry of Health.

(b) *Housing.*

132 houses were completed during the year, 98 were in the process of being built.

Four licences were issued for the erection of private houses.

(c) *Sewerage and Drainage.*

Five Sewerage Schemes have been approved by the Ministry of Health and work is proceeding on the Sharpness (Hinton Parish) Scheme. When the remainder are in hand, the Consulting Engineers have intimated that five more schemes will be prepared.

WARMLEY.

(a) *Water Supply.*

2,605 houses are served direct from the West Gloucestershire Water Company's mains supply. Other forms of water supply are—wells (148 houses), pumps (100 houses), springs (155 houses) some of which cannot be regarded as satisfactory.

(b) *Drainage and Sewerage.*

Work commenced during the autumn on the first section of the Branch Sewerage Scheme at Bitton at an estimated cost of £25,000 and this will provide main drainage to a large part of Oldland Common.

(c) *Rivers and Streams.*

Considerable improvement has taken place in the waters of Siston Brook at Warmley but the River Boyd remains polluted at Bitton.

SECTION E

INSPECTION AND SUPERVISION OF FOOD.

1. Milk Supply.

At the date of operation of the Milk (Special Designations) (Pasteurised & Sterilized Milk) Regulations, 1949, there were 8 licensed Pasteurising Plants for the Heat Treatment of milk. Such plants were at widely scattered parts in the County; by the 31st December, 1949, there were 9 plants. This number was increased to 16 at the 31st December, 1950.

The layout of each of the 7 additional Licensed Plants was set up by co-operation of the Plant Manufacturers and the County Sanitary Inspector, which has ensured a uniformity in design and that a sufficient space for efficient working of the Plant would be obtained.

Pre-licence samples were taken from each Plant. On the receipt of three consecutive satisfactory batches of samples a licence was issued to the applicant, subject to a satisfactory report on the premises, the plant and operation of the plant.

Each Pasteurising Plant has been visited on the average of once a week during the year and a complete examination of records of milk pasteurised and sold either by wholesale or retail has been made.

The Temperature Recording Charts were systematically examined and initialled by the County Sanitary Officers.

I draw attention to the improvement in the results on samples of Pasteurised milk as obtained in the year 1950 compared with the short period of the three months October, November and December, 1949, when only 8 Pasteurising plants were in operation. In that period 122 samples were collected and of that number 36 failed to pass the prescribed test ; but during 1950 1,550 samples were taken from the 16 licensed plants and of these 53 failed to pass the prescribed standard tests.

On receipt of unsatisfactory reports on any plant sample a re-visit to the plant was made to find the possible source of such failures, the defects were rectified and repeat samples taken which gave satisfactory results.

In December, 1950, I recommended to the Health Committee that the renewal of a Dealer's (Pasteuriser's) Licence in respect of one application should be refused in view of the number of unsatisfactory samples obtained from the Plant and its unsatisfactory operation. This matter was dealt with by the Committee and the Dealer, with his representative, appeared before them. An undertaking to ensure proper operation of the plant and to renew defective parts was given, as a result of which the registration was renewed. I am pleased to report that there has been a great improvement in results from the Pasteurising Plant concerned.

Washed and sterilised empty milk bottles collected at the Pasteurising Plants were systematically submitted to bacteriological examination. Any unsatisfactory results were reported to the plant operators and repeat samples taken.

Swabs taken from different points of the Pasteurising Plants were also taken and submitted for examination.

During 1950, 461 milk samples were collected from Schools in the County, i.e. 243 Pasteurised, 198 Tuberculin Tested, 20 Accredited and others. Of this number there were 66 failures of which 10 were from Pasteurised milk, 51 from Raw Tuberculin Tested milk, and 5 from Raw Accredited and others. Repeat samples were taken in each case and a satisfactory report obtained.

In addition samples of milk have been taken from Day and Residential Nurseries, School Canteen Kitchens and other County Council properties and submitted for the prescribed bacteriological and biological examinations.

Samples of water as supplied to schools, nurseries and Pasteurising Plants too have been taken and submitted for examination by the County Analyst.

On behalf of the Ministry of Health samples of milk are collected monthly from Coney Hill Farm and submitted to the Associated Laboratories for bacteriological and biological examinations.

The total number of samples submitted from all establishments for the purpose of biological examination during 1950 was 130, all giving negative results.

The usual procedure of forwarding reports made by the Bristol and Birmingham Corporation Health Department under the Milk and Dairies (Consolidation) Act of 1915 has been continued.

The following is the summary of cases investigated by the Divisional Inspector of the Ministry of Agriculture and Fisheries under the Tuberculosis Order, 1938 :—

Number of suspected cases examined	...	...	...	...	...	52
Number of cases not amenable to the Order	...	...	...	...	...	15
Number of cases found amenable to the Order	...	...	...	...	...	37
Number of cases of chronic cough	...	...	...	...	...	7
Number of cases of Tuberculosis of udder	...	...	...	...	...	14
Number of cases of tuberculous emaciation	...	...	...	...	...	4
Number of cases excreting tuberculous material	...	...	...	...	...	12
Number of cases of tuberculous milk	...	...	...	...	...	—
Number of cases which proved “advanced” on P.M.E.	...	...	...	...	...	23
Number of cases which proved “not advanced” on P.M.E.	...	...	...	...	...	13
Number of cases which proved “not affected” on P.M.E.	...	...	...	...	...	1

2. Food Hygiene.

A series of lectures and film displays on Food Hygiene, the Hygienic storage of food, have been given by the County Sanitary Officer to School Canteen Kitchen and Serving Staffs, to Central Cooking Depot Staffs and Nursery Nurses.

3. Examination of Food and Drugs.

During the year ending 31st December, 1950, 1,258 samples were examined by the County Analyst under the Food and Drugs (Adulteration) Act, 1928, of which 198 were adulterated, or did not satisfy the various regulations issued under the Act. This represents 14·9% of the number taken.

The following table gives the percentages of adulterated samples for the past seven years.

	<i>per cent. adulterated</i>					
1950	14·9%
1949	12·0%
1948	12·4%
1947	16·0%
1946	10·4%
1945	12·3%
1944	16·3%

It will be noted that the number of adulterated samples has increased during the past year and is greater than for two years and, except for 1947, is the largest figure since 1944.

This is due almost entirely to the increase in the percentage number of unsatisfactory samples of milk.

MILK.

The number of milk samples submitted for examination was 811 of which 136 did not satisfy the standard laid down in the Sale of Milk Regulations by the Minister of Agriculture and Fisheries, for genuine milk. This represents 15·5% of the number taken. This is an increase over the previous year when the percentage figure was 14·3%.

The following table gives the figures for the past year with the averages for 1949.

				<i>Average</i> for 1950	<i>Average</i> for 1949	<i>Minimum</i> <i>Standard</i> (<i>M. of A. & F.</i>)
Non-fatty solids	...	...	...	9.03%	8.89%	8.50%
Fat	...	...	...	3.59%	3.81%	3.0%
Total solids	...	...	...	12.62%	12.70%	11.50%

The Sale of Milk Regulations provide that where the non-fatty solids are below 8.5% or the fat content is below 3% the sample must be regarded as containing extraneous water or deficient in fat, until the contrary is proved. In many cases, the samples are just under the minimum figure of 3% of fat, due to the production of poor milk by cows giving very large quantities of milk per day. This is particularly noticeable during the months of April and May and, so long as the emphasis in milk production is on quantity rather than quality, this undesirable position will continue.

In spite of the fact that there are so many samples which are below 3% of fat, the average figure of all milk samples is 3.59% of butter fat.

Proceedings were instituted in six cases. Convictions were obtained in all cases.

The total amount imposed in fines and costs was £47 13s. 6d.

SAUSAGES.

The Ministry of Food has fixed standards for Beef and Pork sausages which require that they shall contain not less than 50% meat. In fourteen cases, the meat content of samples of sausages fell below this amount but, as the deficiencies were not great, it was not thought desirable to institute proceedings in any case but the vendor was warned.

TINCTURE OF IODINE.

Six samples of this article did not comply with the composition laid down in the British Pharmacopoeia.

Five of the samples were slightly deficient and the vendors were warned. One sample was seriously deficient in Potassium Iodide and proceedings were instituted and the case was heard on the 5th July, 1951, at Berkeley Magistrates' Court, when the Gloucester Co-operative and Industrial Society Ltd. were fined £5 0s. 0d. and £3 3s. 0d. costs.

CANNED VEGETABLES.

Difficulties have arisen during this year with reference to the composition of Beans in Tomato Sauce and Processed Peas.

Eighteen samples in all did not comply with the standards laid down by the Ministry of Food.

In the case of Beans in Tomato Sauce, several samples were deficient in sugar, due to the fact that there had been an assumption that the original beans contained at least 1% of natural sugar. It has been proved that in some instances the amount of natural sugar in beans falls very much below this amount, with the result that the finished article did not comply with the Ministry of Food standards.

In the case of Canned Processed Peas, it was found that much of the salt and sugar was absorbed by the peas during the process of canning, resulting in an apparent, but not real, deficiency in these ingredients.

SAL VOLATILE.

Seven samples of this article did not comply with the requirements of the British Pharmacopoeia but, as the Ammonia and Ammonia Carbonate are liable to disappear during storage, the vendors of these articles which were deficient were warned.

GENERAL.

This year has seen a major change in the administration of the Food and Drugs work of the County Council.

Since the Food and Drugs Act of 1875 was put into operation in this county, the sampling under the Act has always been carried out by Police Officers.

On 1st April, 1950, these duties were transferred to the Inspectors of Weights & Measures. The change-over was carried out without any inconvenience and the work has been done efficiently and expeditiously by the new officers.

SECTION F**MISCELLANEOUS.****Registered Nursing Homes.**

At the end of the year there were thirteen nursing homes registered in the County, excluding Cheltenham Municipal Borough. Five were registered for Maternity cases only and eight for general cases only, and three for both types, providing in all nineteen maternity beds and 206 others. Regular visits of inspection are made by members of the Medical Staff and generally speaking the conditions prevailing in the homes are satisfactory.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.

TABLE I.—BIRTHS AND DEATHS.

Districts	Estimated Population	BIRTHS						DEATHS											
		Live Births			Still Births			Total		Under 1 Year		Infantile Mortality Rate	Under 4 Weeks						
		Leg.	Illeg.	Total	Rate per 1,000	Leg.	Illeg.	Total	S.B. Rate per 1,000	No.	Rate		Leg.	Illeg.	Total				
Urban.																			
Charlton Kings	6,003	80	3	83	13.83	3	1	4	48 19	94	15.66	2	2	—	1	24.09	1	—	12.05
Cheltenham M.B.	64,600	957	76	1,033	15.99	28	2	30	29.04	822	12.73	37	43	6	25	41.63	25	4	28.07
Cirencester	11,980	180	8	188	15.69	4	—	4	21.28	145	12.10	3	4	1	2	21.28	2	1	15.96
Kingswood	19,070	260	8	268	14.05	8	—	8	29.85	213	11.17	1	1	—	1	3.73	1	—	3.73
Mangotsfield	17,490	250	9	259	14.81	3	—	3	11.58	183	10.46	8	9	1	6	34.75	6	1	27.03
Nailsworth	3,560	59	3	62	17.42	1	—	1	16.11	50	14.04	2	2	—	1	32.26	1	—	16.11
Stroud	15,640	230	7	237	15.15	7	—	7	29.54	217	13.88	7	8	1	1	33.76	1	—	4.22
Tewkesbury M.B.	5,247	119	6	125	23.82	1	—	1	8.00	76	14.50	4	4	—	3	32.00	3	—	24.00
TOTAL U.D.	143,590	2,135	120	2,255	15.70	55	3	58	25.72	1,800	12.54	64	73	9	40	32.37	40	6	20.39
Rural.																			
Cheltenham	22,120	382	23	405	18.31	6	2	8	19.75	225	10.17	10	10	—	3	24.69	3	—	7.41
Cirencester	14,730	306	17	323	21.93	7	—	7	21.67	158	10.72	4	5	1	3	15.48	3	1	12.38
Dursley	17,080	256	11	267	15.63	6	1	7	26.22	194	11.36	7	7	—	4	26.22	4	—	14.98
East Dean	20,350	348	16	364	17.89	2	—	2	5.49	246	12.09	9	9	—	6	24.73	6	—	16.48
Gloucester	35,640	533	32	565	15.85	12	1	13	23.01	384	10.77	18	18	—	11	31.86	11	—	19.47
Lydney	11,950	191	9	200	16.74	2	—	2	10.00	126	10.54	6	6	—	5	30.00	5	—	25.00
Newent	8,361	137	9	146	17.46	—	—	—	—	105	12.56	3	3	—	1	20.55	1	—	6.85
North Cotswold	20,520	331	23	354	17.25	7	—	7	19.77	231	11.26	8	10	2	4	28.25	4	2	16.95
Northleach	8,712	127	11	138	15.84	7	—	7	50.72	94	10.79	5	5	—	3	36.23	3	—	21.74
Sodbury	38,290	580	25	605	15.80	16	—	16	26.44	373	9.76	10	12	2	6	19.83	6	1	11.57
Stroud	26,800	391	21	412	15.38	4	1	5	12.14	344	12.84	9	11	2	7	26.69	7	1	19.42
Tetbury	6,827	99	13	112	16.40	1	—	1	8.93	78	11.43	4	4	—	4	35.71	4	—	35.71
Thornbury	25,180	347	17	364	14.46	9	—	9	24.73	222	8.82	6	8	2	4	21.98	4	2	16.48
Warmley	10,300	109	5	114	11.07	2	—	2	17.54	123	11.94	3	3	—	3	26.31	3	—	26.31
West Dean	18,360	290	10	300	16.34	6	2	8	26.67	213	11.60	12	12	—	9	40.00	9	—	30.00
TOTAL R.D.	285,220	4,427	242	4,669	16.37	87	7	94	20.11	3,116	10.93	114	123	9	73	26.34	73	7	17.13
County Totals	428,810	6,562	362	6,924	16.15	142	10	152	21.95	4,916	11.46	178	196	18	113	28.31	113	13	18.19

TABLE II.—1950. SUMMARY OF

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Ac. Polio- encephalitis		Measles	Diphtheria	Ac. Pneu- monia	Dysentery
			P	NP	I	NI				
Urban.										
Charlton Kings ...	5	10	1	—	—	—	74	—	2	3
Cheltenham M.B. ...	53	224	6	18	—	—	1,445	1	35	47
Cirencester ...	10	13	4	2	—	—	292	—	3	1
Kingswood ...	78	171	3	—	—	—	171	—	10	—
Mangotsfield ...	34	116	7	—	—	—	24	—	5	—
Nailsworth ...	12	51	—	—	—	—	5	—	5	—
Stroud ...	87	81	—	2	—	—	29	—	4	7
Tewkesbury M.B. ...	6	23	2	4	—	—	313	—	—	2
TOTALS U.D. ...	285	689	23	26	—	—	2,353	1	64	60
Rural.										
Cheltenham ...	33	51	3	2	—	—	307	—	7	42
Cirencester ...	17	40	2	1	—	—	48	—	4	1
Dursley ...	16	110	9	—	—	—	32	—	9	1
East Dean ...	31	60	2	—	—	—	182	—	7	—
Gloucester ...	55	144	2	—	—	—	295	2	14	—
Lydney ...	15	109	5	2	—	—	87	—	4	1
Newent ...	12	39	3	—	—	—	17	—	21	—
North Cotswold ...	15	89	2	3	—	—	177	1	19	—
Northleach ...	7	10	—	1	—	—	20	—	5	—
Sodbury ...	66	285	14	5	1	—	213	—	26	1
Stroud ...	69	52	2	—	—	—	212	—	7	—
Tetbury ...	4	7	—	—	1	—	7	—	3	—
Thornbury ...	36	180	8	1	—	—	62	—	32	45
Warmley ...	21	10	5	1	—	—	114	—	16	—
West Dean ...	13	89	1	—	—	—	229	—	6	—
TOTALS R.D. ...	410	1,275	58	16	2	—	2,002	3	180	91
County Totals ...	695	1,964	81	42	2	—	4,355	4	244	151

INFECTIOUS DISEASE NOTIFICATIONS.

Smallpox	Acute Encephalitis Lethargica	Enteric or Typhoid Fever	Para- Typhoid Fever	Erysipelas	Cerebro- spinal Fever	Puerperal Pyrexia	Ophtha- lmitis Neona.	Malaria	Other
—	—	—	—	—	—	—	—	—	—
—	—	—	—	6	—	2	1	1	1 M.I..
—	—	—	—	—	—	—	—	—	46 C.P.
—	—	—	—	8	—	1	—	—	1 I.H.
—	—	—	—	4	—	—	—	—	2 C.P.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	5	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	23	—	4	1	1	48 C.P.
									1 M.I.
									1 I.H.
—	—	—	—	2	—	1	—	—	19 F.P.
—	—	—	3	4	—	—	—	1	18 C.P.
—	—	—	—	1	—	1	—	—	2 I.H.
—	—	—	—	3	—	1	—	—	—
—	—	—	—	7	—	1	1	—	—
—	—	—	—	1	—	—	—	—	—
—	—	—	—	1	—	1	—	—	1 M.I.
—	—	—	—	12	—	1	—	—	—
—	—	—	—	—	—	—	—	1	12 C.P.
—	—	1	—	2	—	3	1	—	15 F.P.
—	—	—	—	10	—	1	—	—	1 U.F.
—	—	—	—	—	—	—	1	—	—
—	—	—	—	6	1	—	—	—	—
—	—	—	—	4	—	—	—	—	—
—	—	—	1	—	—	—	—	—	2 F.P.
									1 M.I.
—	—	1	4	53	1	10	3	2	36 F.P.
									30 C.P.
									2 M.I.
									2 I.H.
									1 U.F.
—	—	1	4	76	1	14	4	3	36 F.P.
									78 C.P.
									3 I.H.
									3 M.I.

H.—Infectious Hepatitis
 I.—Meningococcal Infection
 F.—Undulant Fever

TABLE III.—1950.

CAUSES OF AND AGES AT DEATH.

Causes of Death		Under 1 year	1-5	5-15	15-45	45-65	65 years and over	Total
1.	Tuberculosis, respiratory	—	—	—	56	49	5	110
2.	Tuberculosis, other	—	5	3	3	2	1	14
3.	Syphilitic disease	—	—	—	—	5	4	9
4.	Diphtheria	—	—	—	1	—	—	1
5.	Whooping Cough	2	2	—	—	—	—	4
6.	Meningococcal Infections	—	—	—	—	—	—	—
7.	Acute poliomyelitis	—	3	2	3	1	—	9
8.	Measles	—	1	—	—	—	—	1
9.	Other Infective and Parasitic Diseases	—	1	1	4	3	2	11
10.	Malignant Neoplasm, Stomach	—	—	—	4	75	43	122
11.	" " Lung, bronchus	—	—	—	5	88	6	99
12.	" " Breast	—	—	—	4	60	15	79
13.	" " Uterus	—	—	—	4	20	7	31
14.	Other malignant and lymphatic neoplasms	1	—	4	24	270	149	448
15.	Leukaemia, aleukaemia	—	3	2	6	6	1	18
16.	Diabetes	—	—	—	3	21	13	37
17.	Vascular lesions of nervous system	—	1	—	4	278	320	603
18.	Coronary disease, angina	—	—	—	5	287	174	466
19.	Hypertension with heart disease	—	—	—	4	83	56	143
20.	Other heart diseases	1	—	3	36	334	799	1173
21.	Other circulatory disease	—	—	—	2	61	98	161
22.	Influenza	—	1	1	6	20	22	50
23.	Pneumonia	15	4	3	5	46	57	130
24.	Bronchitis	2	1	—	3	102	91	199
25.	Other diseases of respiratory system	2	—	1	7	45	7	62
26.	Ulcer of stomach and duodenum	1	—	—	2	36	18	57
27.	Gastritis, enteritis and diarrhoea	8	1	—	4	9	7	29
28.	Nephritis and nephrosis	—	—	—	12	37	21	70
29.	Hyperplasia of prostate	—	—	—	—	15	38	53
30.	Pregnancy, childbirth, abortion	—	—	—	2	—	—	2
31.	Congenital malformations	32	6	4	5	6	1	54
32.	Other defined and ill-defined diseases	121	5	5	31	150	146	458
33.	Motor vehicle accidents	—	—	8	33	13	4	58
34.	All other accidents	10	2	6	20	29	42	109
35.	Suicide	—	—	—	9	33	2	44
36.	Homicide and operations of war	1	—	—	—	—	1	2
TOTALS		196	36	43	307	2,184	2,150	4,916